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Maryland Medical Care Programs

Medical Assistance Program · Pharmacy Assistance Program

The Year in Review

Fiscal Year 1985

Maryland Department of Health and Mental Hygiene

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Secretary

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Maryland Department of Health and Mental Hygiene

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Introduction

The Maryland Medical Care Programs, through the Medical Assistance Program and the Pharmacy Assistance Program, provides access to a broad range of health care services for eligible low income Maryland residents. Administered by the Assistant Secretary for Medical Care Programs, these programs are operated in accordance with federal and state law and receive funding from both the federal and state governments.

The Medical Assistance Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland. The program marked its nineteenth full year of operation in fiscal year 1985.

During the year, the program served a monthly average of 338,975 people, 7.8% of the state's population. Program eligibles received services from approximately 18,000 participating health care providers. Expenditures of nearly $624 million were made on behalf of eligible recipients of Medical Assistance.

The Pharmacy Assistance Program completed its sixth full year of operation in fiscal year 1985. Established by the General Assembly in 1978 and supported entirely by state funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately $4.5 million was spent during fiscal year 1985 for an average monthly enrollment of 13,099 persons.

This publication describes the people served, the services provided and the providers reimbursed under the Medical Care Programs during fiscal year 1985 (July 1, 1984 through June 30, 1985). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends in program expenditures, and a description of the Pharmacy Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1985.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

Members of the Medical Assistance Advisory Committee for fiscal year 1985 are listed below according to the expiration date of their term of office.

July 1985

Mildred Bright
Richard Buck
Darrell R. Cammack, Jr.
Phyllis Colston
Ronald Harris
Roslyn Hurwitz-Hartman
Harry Klinefelter, M.D.
Helen McAllister, M.D.
Maureen McCleary
Cecilia Moore
Gladys Moran

July 1986

Allen Bennett, P.D.
Lee Bernhardt
Peter Borchardt
Jack Bovaird
Helen Bridges
Loretta Brown
Benjamin J. Kimbers, Jr., D.D.S.
Eileen Leaman
Edward Matricardi
Barbara Spence, D.S.W.
Millie Tyssowski

July 1987

John Braxton, Jr., M.D.
Eva Brown
Jean Dockhorn
William Hankins
Joseph LaAsmar
Flisher Martin
Ethel Pace
Regina Phillips
Melvin Rubin
Jackie Vickers

One representative from the Department of Health and Mental Hygiene (DHMH) and one from the Department of Human Resources (DHR) serve as non-voting members of the Advisory Committee. Douglas H. Morgan, DHMH, and Gloria Washington, DHR, represented their respective agencies in fiscal year 1985.

ENROLLMENT

During fiscal year 1985, the Maryland Medical Assistance Program average monthly enrollment was 338,975 people, 7.8% of the State's population. Figure 1 displays the enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 1.8% in Howard County to 24.3% in Baltimore City.

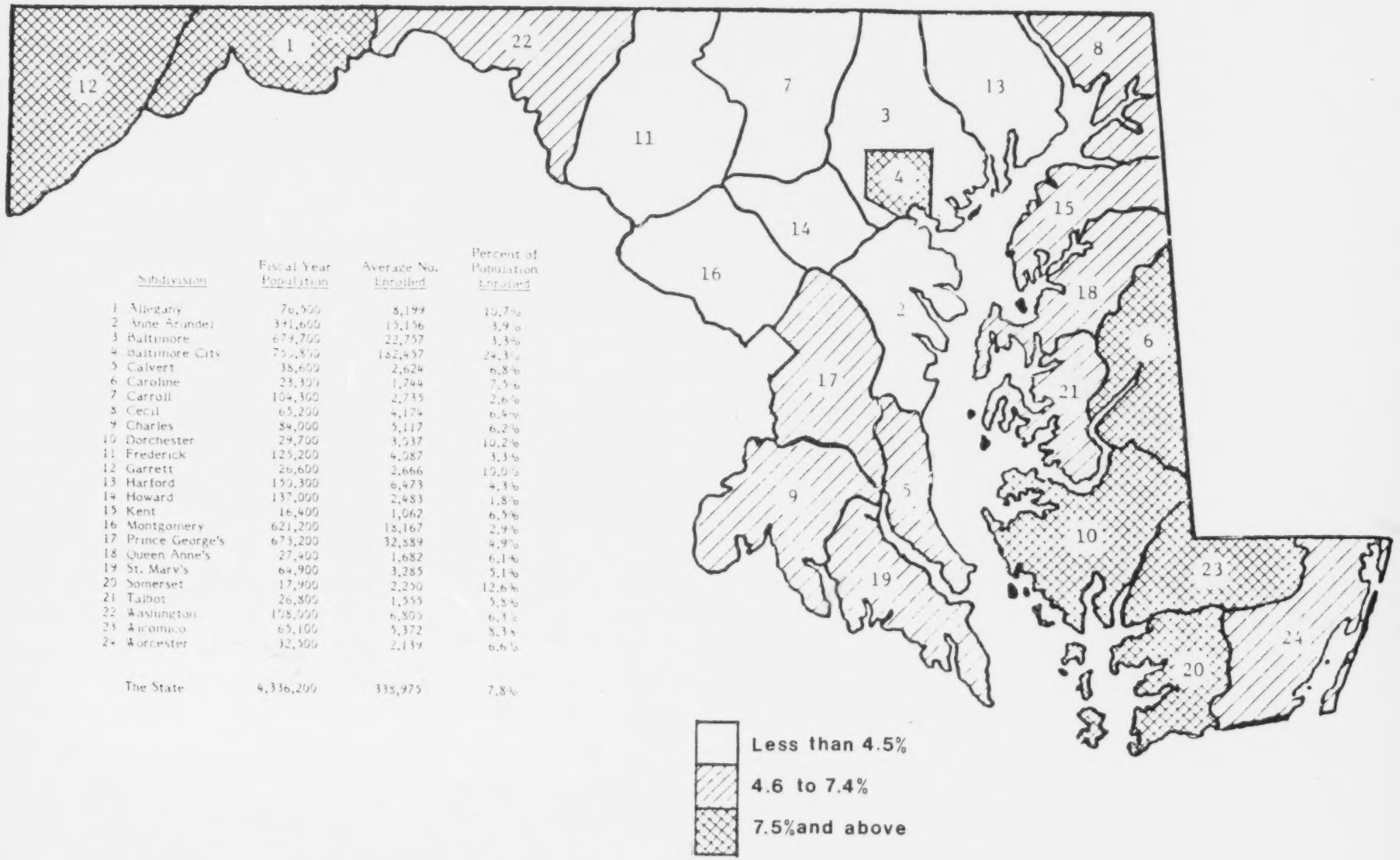
From fiscal year 1967, the first full year of operation for the Maryland Medical Assistance program, through fiscal year 1973, the Program's enrollment increased at an average annual rate of over 8.5%. This trend was reversed during fiscal year 1974 when enrollment dropped by nearly 4.1%. Enrollment rose again during fiscal year 1975 and the beginning of fiscal year 1976. A decline in enrollment began in the Spring of 1976 and continued through fiscal year 1979, decreasing a total of 14.5% for the period. Enrollment increased again the next two fiscal years, before declining slightly the past four fiscal years.

There are two major categories of enrollees in the Maryland Medical Assistance Program.* The **Categorically Indigent** are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) Program (Title IV-A of the Social Security Act), the Supplemental Security Income (SSI) Program (Title XVI of the Social Security Act), or the General Public Assistance (GPA) Program (Article 88A, Section 65-A of the Annotated Code of Maryland). Federal matching funds are available to pay for the cost of health care provided to AFDC and SSI recipients. Federal matching funds are not available for services provided to GPA recipients. Eligibility for SSI is established through the federal Social Security Administration and eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1985, 78.5% of all enrollees were Categorically Indigent.

The **Medically Indigent** are those persons whose incomes and resources are sufficient to pay for basic living expenses but are inadequate to meet the cost of necessary health care. To receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements which are established consistent with federal regulations. In fiscal year 1985, 21.5% of all enrollees qualified as Medically Indigent. Federal matching funds are

*See Appendix A, Glossary of Terms, for definitions of eligibility categories.

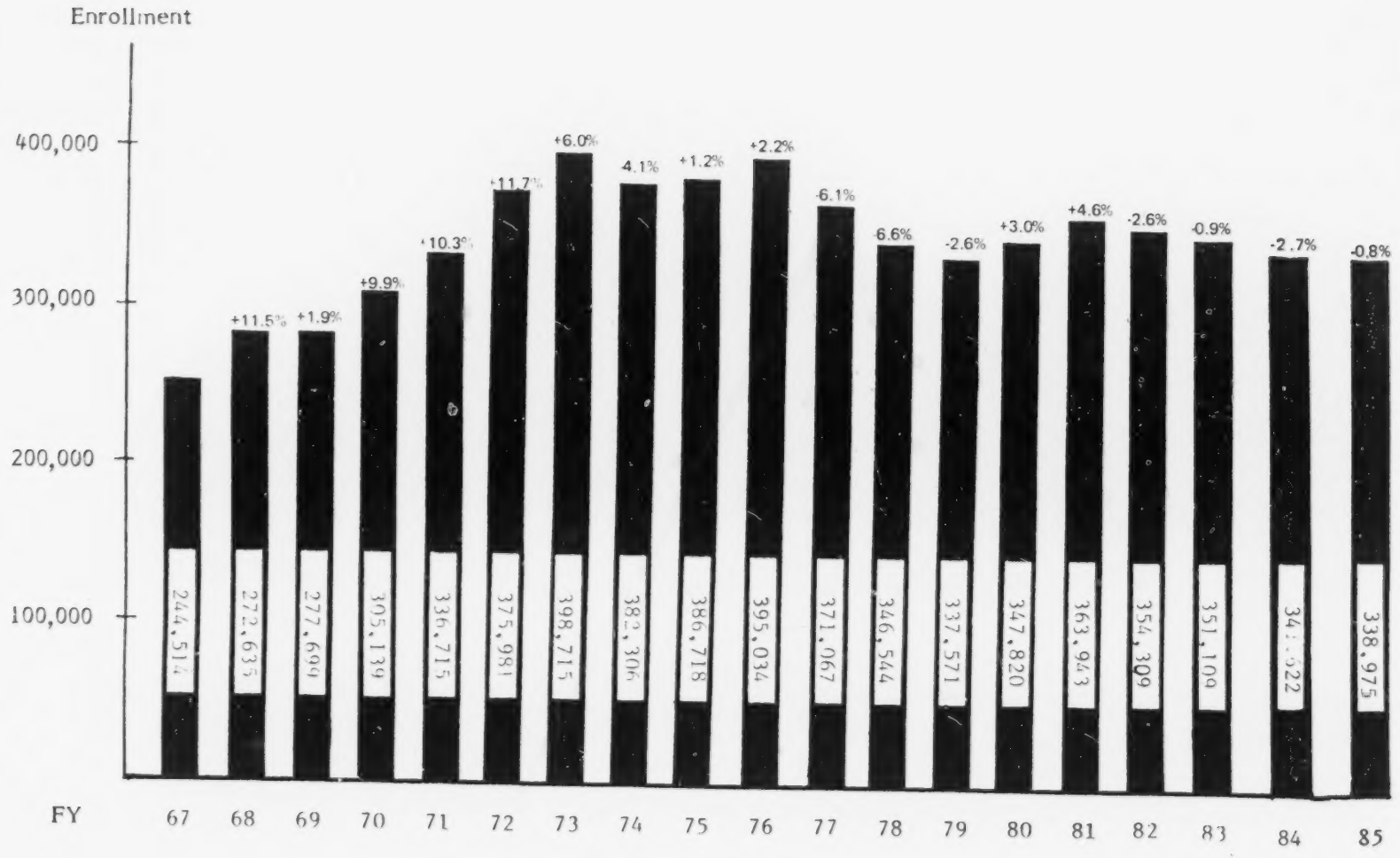
Figure 1
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1985



Subdivision	Fiscal Year Population	Average No. Enrolled	Percent of Population Enrolled
1 Allegany	76,900	8,199	10.7%
2 Anne Arundel	391,600	15,156	3.9%
3 Baltimore	674,700	22,757	3.3%
4 Baltimore City	756,800	182,457	24.3%
5 Calvert	38,600	2,624	6.8%
6 Caroline	23,300	1,744	7.5%
7 Carroll	104,300	2,735	2.6%
8 Cecil	65,200	4,174	6.4%
9 Charles	84,000	5,117	6.2%
10 Dorchester	29,700	3,037	10.2%
11 Frederick	125,200	4,087	3.3%
12 Garrett	26,600	2,666	10.0%
13 Harford	150,300	6,473	4.3%
14 Howard	137,000	2,483	1.8%
15 Kent	16,400	1,062	6.5%
16 Montgomery	621,200	18,167	2.9%
17 Prince George's	673,200	32,889	4.9%
18 Queen Anne's	27,400	1,682	6.1%
19 St. Mary's	64,900	3,285	5.1%
20 Somerset	17,900	2,250	12.6%
21 Talbot	26,800	1,555	5.8%
22 Washington	108,900	6,805	6.3%
23 Wicomico	65,100	5,372	8.3%
24 Worcester	32,500	2,139	6.6%
The State	4,336,200	338,975	7.8%

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967-1985



available for services provided to SSI and AFDC-related Medically Indigent (MI-SSI and MI-AFDC).

Medical Assistance eligibility for the Medically Indigent is determined by the local departments of social services according to Maryland Medical Assistance Program regulations, guidelines and standards. It is based on the number of persons in the family unit, the family's resources, and its net income (gross income less certain deductions and exclusions). The net income and the resources standards for fiscal year 1985 are indicated below.

Family Size	Net Income Standards	Resources Standards
1	$3,500	$2,500
2	4,000	2,600
3	4,500	2,700
4	5,000	2,800
5	5,500	2,900
6	6,000	3,000
7	6,500	3,100
8	7,128	3,200
9	7,704	3,300
10	8,304	3,400
Each Additional Person	+ $600	+ $100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medicaid, the Medical Assistance Program pays the premiums required for coverage under Medicare-Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualified for Medical Assistance through federally-matched programs accounted for 90.6% of total Program enrollment in fiscal year 1985. The remaining 9.4% qualified through 100% state-funded eligibility categories.

PROVIDERS

Approximately 18,000 health care providers participated in the Maryland Medical Assistance Program in fiscal year 1985. The list of Maryland providers includes 59 hospitals, 180 nursing facilities; 5 health maintenance organizations; 57 home health

agencies; 15 medical day care providers; approximately 9,000 physicians and physician groups; 1,800 dentists, dental groups, and clinics; 2,300 personal care providers; 900 pharmacies; and 1,500 special service providers. Providers must be approved by the Program in order to participate.

Each Medical Assistance enrollee may receive services from participating hospitals, nursing homes, physicians, dentists, pharmacies, and other providers of his/her choice, or may enroll in a health maintenance organization (HMO).

Over 8.6 million provider invoices were processed by the Program in fiscal year 1985. About 20 percent of these invoices were returned to providers for such reasons as recipient ineligibility or errors made in completing the invoices. The remaining 7.2 million invoices paid in fiscal year 1985 are identified by service type below:

	Number of Paid Invoices
Pharmacy	3,357,174
Physician	1,621,546
Hospital Outpatient	1,016,339
Special Services	394,972
Dental	183,764
Hospital Inpatient	86,567
Nursing Facility	436,293
Home Health	68,216
TOTAL	7,164,871

The number of invoices processed/paid is substantially above that reported for FY 1984, as a result of the Program's effort in implementing Patient Assessment and Mass Adjustment payments for nursing facilities.

Ninety-nine percent of all complete and accurate invoices are paid within 30 days of receipt by the Medical Assistance Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office and their processing and payment of the vouchers.

The Program works closely with liaison committees formed with providers of nursing home, pharmacy, dental, physician, podiatry, and vision care services so that Program staff can explain policies and procedures and resolve problems.

PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1985 were $665,611,442. Approximately 41.9% were federal funds and 58.1% were state funds.

Due to data processing limitations, all data for Program expenditures cannot be merged into one computer file. Payments for certain services are handled administratively and therefore reported differently. Data on these services are not included in any of the tables shown in this report. These services include: premiums for buy-in of Medicare-Part B ($7,122,817); capitation payments for health maintenance organizations ($12,882,370); payments for general transportation services ($3,986,313); and payments to local health departments for screening under the Early and Periodic Screening, Diagnosis and Treatment Program ($349,773). Administrative costs for the Program were $16,642,656.

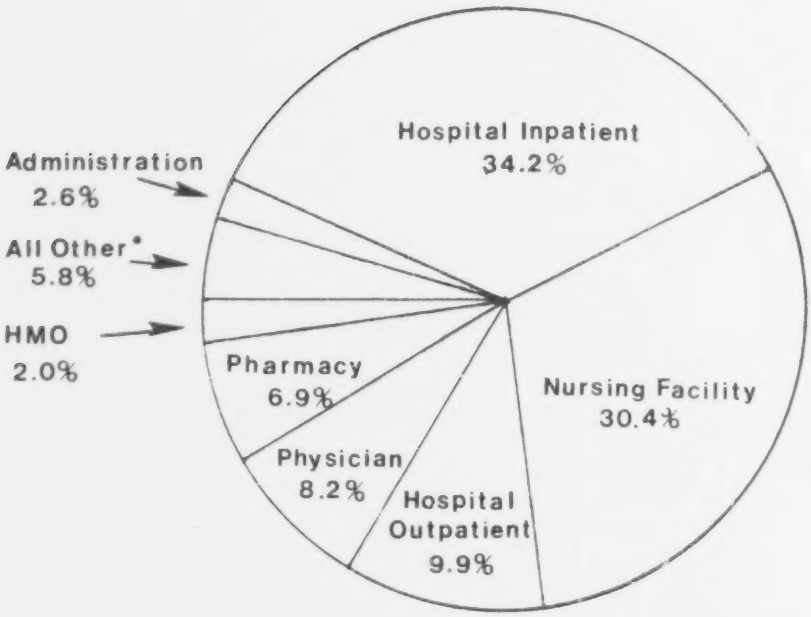
The remaining $624,627,513 in service payments are detailed in the majority of tables in this report. Certain tables will show total expenditures of only $598,171,941. This is because these tables exclude payments made to certain state chronic care facilities, state mental facilities and state ICF-MR facilities.

During fiscal year 1985 the Program began reporting expenditures for these state facilities but the data do not represent a full years payments. For that reason, and to provide some continuity with previous years' tables, the amounts paid these facilities have been deleted or reported separately on many of the tables. In some instances it was not possible to identify nor exclude the state facility data, so the amounts remain. The tables are so noted. The payments made to state facilities include $1,830,415 paid to state chronic hospitals; $6,668,716 paid to state mental hospitals, and $17,956,441 paid to ICF-MR facilities.

Figure 3 shows Program expenditures for fiscal year 1985 (minus payments of $26,455,572 to state facilities) by major service category. Institutional care accounts for over three quarters of Program spending.

Figure 4 compares enrollees and payments by various characteristics. Females made up 63.0% of enrollment and accounted for 66.7% of expenditures. Although white enrollees represented 37.1% of the eligibles, they accounted for 54.2% of total payments in fiscal year 1985. Comparisons by age show that those under 21 years of age accounted for 48.7% of enrollees but only 18.4% of Program payments. Enrollees 65 years or older

Figure 3
MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1985



Service	Payments
Hospital inpatient	$218,610,636
Nursing facility	194,576,061
Hospital outpatient	62,980,659
Physician	52,395,250
Pharmacy	43,901,856
Health maintenance organization (HMO)	12,882,370
All other services*	37,166,382
Administration	16,642,656
Total	$639,155,370

* Includes dental, home and community health, general transportation, and special services; premiums paid for buy-in of Medicare Part B; and payments to local health departments for screenings under the Early and Periodic Screening, Diagnosis and Treatment Program. Does not include partial year payments to State facilities indicated elsewhere in this publication.

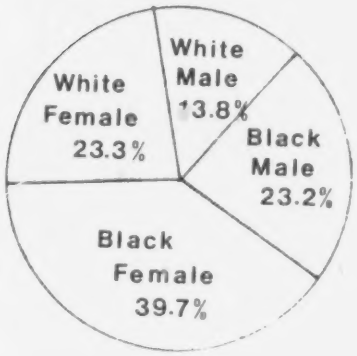
Figure 4

MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY SELECTED CHARACTERISTICS

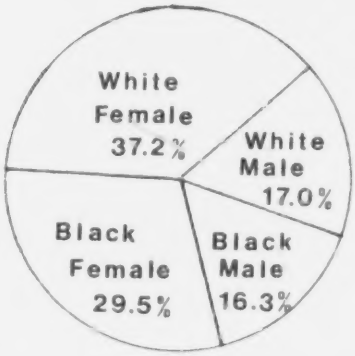
Fiscal Year 1985

RACE/SEX

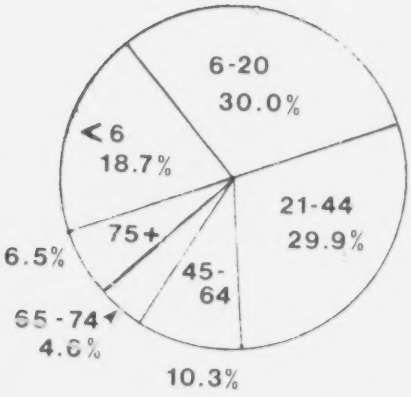
PERCENT ENROLLMENT

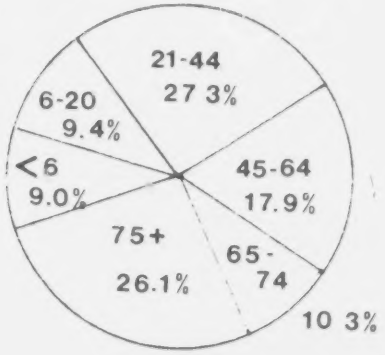


PERCENT PAYMENTS

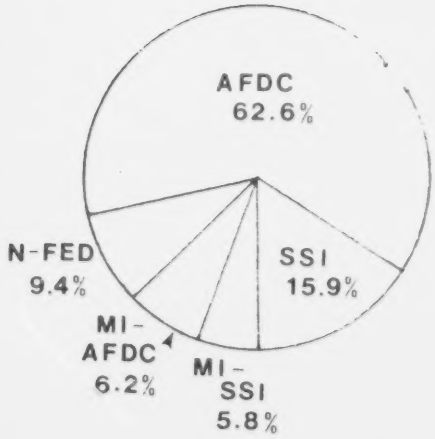


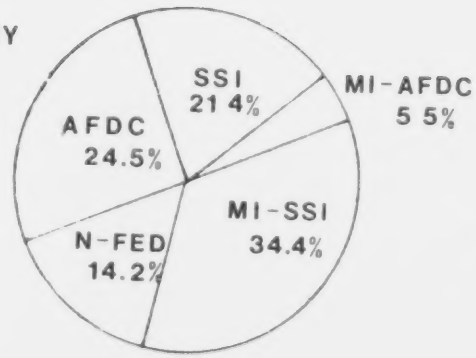
AGE





ELIGIBILITY CATEGORY





represented only 11.2% of the total eligibles, but accounted for 36.5% of total payments. Analysis by eligibility category shows that AFDC recipients represented 62.6% of all enrollees but accounted for just 24.6% of Program payments. The Medically Indigent aged, blind and disabled eligibles (MI-SSI) accounted for only 5.8% of enrollment but 34.4% of Program payments.

Additional information on the characteristics of all persons who were enrolled on Medicaid at some time during the fiscal year is presented in Table 33. These data include both the Medical Assistance and Pharmacy Assistance programs, and show the total number of persons eligible and the basis of their eligibility.

SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse midwife services; laboratory and X-ray services; skilled nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; and rural health clinic services. The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate nursing care; dental care; vision services; podiatry services; clinic services; pharmacy services; medical supplies and equipment; health maintenance organization services; medical day care; personal care; and other treatment services. A more detailed description of these services follows, along with a discussion of recent changes in the provision of services.

HOSPITAL SERVICES

Fiscal year 1985 was the eighth year of the "Medicare Experiment" under which the Maryland Medical Assistance Program, Medicare and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debts based on Medicaid inpatient utilization. The Program participates in the experiment by means of a waiver granted by the Health Care Financing Administration. The waiver has been renewed on the basis that the State meets certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system.

Some innovative, cost-effective changes were implemented during the fiscal year, the most significant of which was replacing the 20-day coverage limit per admission for an acute general hospital inpatient stay by a series of day limits associated with 467 diagnosis related groups. This change was effective October 15, 1984.

Another change, effective September 24, 1984, required that all preoperative days be authorized when a patient is admitted to a hospital for certain routine, elective surgical and diagnostic procedures.

During fiscal year 1985, the Program made special provision for non-experimental heart and liver organ transplantations. Regulations were amended to waive day limits for organ transplants, to provide criteria for selecting the hospitals in which heart and liver transplantations would be covered, and to provide for the methodology by which the Program would pay out-of-State hospitals for such services.

Late in the fiscal year, on June 17th, 93 procedures were added to the 75 already in place requiring preauthorization to be performed on an inpatient basis, thus reducing the cost of inpatient hospitalization coverage.

Also late in the fiscal year, on June 1st, the Program developed a mechanism to speed up the eligibility process for newborn infants in hospitals.

At fiscal year's end, two other changes were being considered. One had to do with the Program's paying directly those providers which furnish chronic kidney disease services, rather than paying an intermediary, the Kidney Disease Program, which in turn had previously paid the providers of these services. The other change was the removal of hospital-affiliated free-standing clinics from the Health Services Cost Review Commission's rate approval process. Action on these two matters will be taken in fiscal year 1986.

During fiscal year 1985, payments were made for approximately 490,000 days of inpatient care at a cost to the Program of $218.6 million. The average cost per day of $445.04 was 7.8% higher than the fiscal year 1984 average of $412.76. (See Table 25 for detailed information). The Program paid $62.9 million for approximately 445,000 hospital outpatient visits and 208,000 emergency room visits in fiscal year 1985. The average payment of $92.36 per visit was 9.7% higher than the fiscal year 1984 average of $84.20 per visit. (See Table 20 for detailed information.)

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in hospital-based and free-standing nursing facilities. The reimbursement rates for care provided in each of the six hospital-based facilities are determined by the Health Services Cost Review Commission, while rates for free-standing facilities are set by the Program using a system implemented in fiscal year 1983. As a result of legislation enacted by the General Assembly during the 1985 session, hospital-based facilities will be phased into the free-standing reimbursement over a period of four years.

Under the reimbursement methodology for free-standing nursing facilities, separate reimbursement ceilings are set for four cost centers based on the size and geographic location of each nursing facility. These cost centers are: administrative/routine services; direct nursing services; other patient care; and capital facility investment. Payment for nursing care is based on the level of care required by each patient.

The Program paid $194.6 million for 5.2 million days of nursing facility care in fiscal year 1985 compared to $187.9 million for 5.1 million days of care in fiscal year 1984. The average cost per patient day in fiscal year 1985 was $37.50, 1.0% higher than the fiscal year 1984 average of $37.13. Payments from patients' own resources in fiscal year 1985 accounted for an average of $11.51 per day, 10% higher than the average of $10.46 in fiscal year 1984 (See Tables 19 and 26 for detailed information).

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services provided in the hospital.

During fiscal year 1985, the Program continued to enroll a large number of hospital-based physicians as individual providers. This action was necessary in response to the removal of the professional component of hospital services from hospital rates during fiscal year 1984. For this reason, fiscal year 1985 shows a greater than average increase in the number of physicians enrolled in the Program. This change is also reflected in an increase in total payments made to physicians.

Since January 1983, the Program has reimbursed independently practicing certified nurse-midwives who provide care for uncomplicated pregnancies and who have agreements with physicians to assume care in cases that develop complications. As of June 30, 1985, twelve nurse-midwives were approved to participate as Medicaid providers.

Six types of free-standing clinics are covered under the physician program: abortion, drug abuse, family planning, refugee, rural health, and mental health. During fiscal year 1985, there were 3 abortion, 15 drug abuse, 8 family planning, 1 refugee, 1 rural health, and 56 mental health clinics enrolled as Medicaid providers. A seventh type of clinic, children and youth (C&Y), has been covered under the hospital program.

In fiscal year 1985, the Program paid a total of $52.4 million for services reimbursed under the physicians program, 15% greater than fiscal year 1984 payments. The Program spent $26.8 million for 824,000 home, office, and nursing home visits in fiscal year 1985 compared to $23.4 million for approximately 771,000 visits in fiscal year 1984. The cost per visit, including ancillary services and Medicare deductible and coinsurance, increased by 8% from $27.45 in fiscal year 1984 to $29.63 in fiscal year 1985. Payments to clinics in fiscal year 1985 totaled almost $4 million. Payments for physician services provided in the hospitals increased by 15%, from $22.2 million in fiscal year 1984 to $25.7 million in fiscal year 1985. (See Tables 21 and 22 for detailed information.)

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, hypodermic syringes and needles, family planning products, and specially formulated nutritional formulations when prescribed by a physician, dentist, or podiatrist. Recipients who qualify for Medicaid through a state-only eligibility category are responsible for a copayment of $.50 for each prescription filled except for drugs or devices which are related to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or family planning. Copayments are not required from recipients in federal eligibility categories.

The Program maintains the following lists of drug products, which are continually updated to reflect the reimbursement status of the addressed drugs. These lists and updates are distributed to all affected providers.

1. The List of Approved Interchangeable Multiple Source Drugs

As a cost savings measure that does not affect the quality of services given to recipients, the Program instituted a list of approved interchangeable multiple source drugs for which maximum reimbursement is set at an Interchangeable Drug Cost (IDC) - the lowest price at which the addressed drug products can be guaranteed available throughout the state. This methodology of pricing became effective June 1, 1985. As of June, 1985, 237 drug products were addressed.

2. Usual Source and Quantity List for High Utilization Drugs

This is a list of highly utilized drug products which are usually purchased directly from manufacturers and/or in larger than the minimum package size. Reimbursement for these products is based on package size and source of supply which reflect these practices. As of June, 1985, 52 drug products were addressed.

3. The Maximum Allowable Cost (MAC) Drug List

The Federal Health Care Financing Administration maintains a list of highly utilized drug products for which a maximum reimbursement is set. As of June, 1985, 40 drug products were addressed.

4. The List of Drugs Currently Determined to be Less Than Effective

The Federal Food and Drug Administration maintains a list of drug products which lack substantial evidence of effectiveness for all labeled indications. Accordingly, these drugs and all identical, similar, or related drugs will not be reimbursed under Medicaid. As of June, 1985, 149 products were listed; however, many more related products are addressed under these provisions.

The Medical Assistance Program paid $43.9 million for 3 million prescriptions in fiscal year 1985, an average of $14.26 per prescription. This was an increase of 9.1% over the $13.07 average cost per prescription in fiscal year 1984 (See Tables 23 and 29 for detailed information).

The prescription dispensing fee during fiscal year 1985 was $3.45 with an addition of $.07 for each paid claim submitted by tape.

HEALTH MAINTENANCE ORGANIZATION SERVICES

Maryland Medical Assistance recipients have the option to receive all of their medical care covered under the Program from one group of health care providers in one location, where available, by voluntarily enrolling in one of the five Health Maintenance Organizations under contract with the Program: Johns Hopkins Health Plan, Chesapeake Health Plan, Constant Care Community Health Center, Healthcare Corporation of the Mid-Atlantic (Care First) and West Baltimore Community Health Care Corporation.

Participating HMOs agree to provide complete health care to Medical Assistance enrollees in exchange for a pre-paid monthly capitation fee. The HMO-MA Program emphasizes preventive health care, accessibility and continuity of care in contrast to traditional episodic care.

Health Maintenance Organization services have been limited to Baltimore City recipients who live in proximity to the health plans. During fiscal year 1985, however, two new sites were opened in Prince George's County by Constant Care, and additional sites were planned for implementation in Baltimore City during fiscal year 1986 by several of the HMOs.

The Program paid $12,652,322 in capitation to HMOs at an average monthly cost of $69.84 per enrollee for an average enrolled population of 15,096.

DENTAL SERVICES

Comprehensive dental services are covered for all Medical Assistance recipients under twenty-one years of age (see EPSDT Program). Recipients who are twenty-one years of age or older are eligible to receive servces for the treatment of dental emergencies (pain, infection, hemorrhage, traumatic injury) and other specified services. Certain dental procedures require preauthorization.

For fiscal year 1985, the dental program spent $5.4 million to provide services to nearly 83,000 Medical Assistance recipients (see Tables 29 and 34 for detailed information).

HOME AND COMMUNITY HEALTH SERVICES

Home and community health services are rendered by home health agencies, medical day care providers and personal care providers.

Reimbursable services provided by home health agencies include skilled nursing, home health aide, physical therapy, occupational therapy, speech pathology and medical social services. Recipients of home health services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part time intermittent basis. Twenty-two new agencies enrolled in the Program in fiscal year 1985 while two disenrolled, bringing the total number of participating agencies to eighty-one.

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's Utilization Control Agent as requiring at

least intermediate level nursing care. Medical day care recipients are transported to licensed adult day care centers where nursing and social work services, personal care, nutrition services, habilitation therapies and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1985, there were 31 medical day care centers serving Maryland Medical Assistance recipients in eight counties, Baltimore City and Washington D.C.

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments to home and community health services providers were $10.1 million in fiscal year 1985. Home health agencies were paid $3.3 million for services provided to roughly 3,900 persons, an average of $840 per recipient. Medical day care providers were reimbursed a total of $2.8 million for rendering approximately 89,600 days of care to about 730 recipients. The Program paid an average of $31.74 per day and an average of $3,896 per recipient. Total payments for personal care services in fiscal year 1985 were $4.0 million for approximately 358,400 services provided to an average of 1,257 recipients. This represents an average of $3,200 per recipient for the year (based on approximately 276 days of personal care services, or 23 days per month, plus 12 months of case management services).

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program covers comprehensive health care services which are designed to detect physical and mental health problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. Screening services, which are provided by twenty-two Local Health Departments, five Health Maintenance Organizations, four Children and Youth Clinics, and other approved providers may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other screening procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

To increase the availability of EPSDT services throughout the State, the Program continued to recruit physicians in the private sector. During fiscal year 1985, 316 offices and clinics, representing 291 physicians, participated as private EPSDT providers.

Throughout fiscal year 1985, the Program continued to contract with a private health management corporation to inform eligible families throughout the state of the value of preventive health services and encourage their participation in the EPSDT program. Outreach activities were conducted in each Local Department of Social Services office or during home visits. The contractor was responsible for support services, case management activities, and invoice processing and reporting. Departmental staff are responsible for recruiting and training EPSDT providers and monitoring the quality of care they render.

The Program paid for a total of 55,940 screenings in fiscal year 1985. Local Health Departments were reimbursed $349,773 for 10,519 screenings. Health Maintenance Organizations performed 4,022 screenings at a cost of $141,273. The five Children and Youth Clinics in Baltimore City, which provided 8,990 screenings, were reimbursed $359,600. The remaining screenings were provided by physicians and other private providers. Total EPSDT payments were $2.1 million.

SPECIAL SERVICES

Disposable Medical Supplies and Durable Medical Equipment - The Program pays for the purchase of certain disposable medical supplies and the rental, purchase or repair of durable medical equipment. Preauthorization must be obtained for disposable medical

supplies or durable medical equipment costing more than $60 or renting for more than $15 per month.

Medical Laboratory Services - The Program reimburses independent laboratories for procedures ordered by a physician, podiatrist or dentist. Laboratory services rendered by physicians in their own offices for their own patients are reimbursed through the physician program.

One hundred forty-nine laboratory fees were lowered effective March 11, 1985 to insure Program compliance with Section 2303 of the Federal Deficit Reduction Act of 1984 which states that State Medicaid Programs cannot claim Federal matching funds for payments for laboratory services which are in excess of the Medicare Fee Schedule. More fees were expected to be lowered in fiscal year 1986.

Effective January 1, 1985, laboratories were required to include on their invoices the name and provider number of the physician, dentist, or podiatrist who ordered the laboratory test. This additional information will aid the Program's review of utilization of services.

Oxygen and Related Respiratory Equipment - The Program pays for liquid and gaseous oxygen systems, oxygen concentrators, and related respiratory equipment in a patient's home or a nursing home. All of these items must be preauthorized.

Physical Therapy Services - The Program covers medically necessary physical therapy services ordered by a physician, podiatrist or dentist when provided in the recipient's home, therapist's office, or domiciliary care facility.

Podiatry Services - The Program covers medically necessary services rendered in the recipient's home, the podiatrist's office, a nursing home, a hospital, or a free standing clinic. Routine foot care is only covered for recipients who are diabetic or who have peripheral vascular disease. Specific surgical procedures are subject to post-operative review.

Transportation Services - There are two categories of transportation services available to enrollees. The Ambulance and Wheelchair Van program covers non-emergency trips to and from hospitals by ambulance and wheelchair van. Some services, such as transportation for hospital outpatient visits and one way trips exceeding 20 miles, must be preauthorized.

The General Transportation Program pays providers for the actual cost of transporting Medical Assistance recipients to and from health appointments by taxis,

buses and mini-vans. Providers include local health departments, hospitals, and community groups.

Vision Care Services - Examinations and eyeglass services rendered by optometrists and opticians are covered for recipients of all ages. Ophthalmologists are reimbursed through the physician program. Other diagnostic and treatment services also are available. Providers must obtain preauthorization for vision care services not covered under the Medicare program.

(For detailed information regarding each of the special services described above see Tables 24 and 31.)

OTHER SERVICES

Community Placement Program - The community placement program (CPP) is a systematic approach to meeting the long-term health care needs of Medical Assistance enrollees. CPP services are provided to recipients who live in the community, have long-term care needs and are at risk of institutionalization, or who are candidates for discharge from nursing homes but require health services to return to the community. CPP services include a needs evaluation, the development of a plan of care, placement and follow-up. During fiscal year 1985 Baltimore City and Baltimore, Dorchester, Caroline and Queen Anne's counties received CPP grants.

Geriatric Evaluation Services - The geriatric evaluation services (GES) program provides a multi-disciplinary assessment of the needs and resources of elderly persons considered for admission to a mental hospital or other long-term care facility. GES is managed by the Office of Services to the Aging, under the Department of Health and Mental Hygiene's Preventive Medicine Administration, and is provided through the state's local health departments. Under the program, health and social assessments of aged persons at risk of institutionalization are performed and assistance is provided to patients, physicians, and other care-givers to implement treatment recommendations.

Currently GES is available in every local health department in the state. During fiscal year 1985, a total of 6,199 evaluations and consultations were made by GES teams. Of that total number of evaluations, 1,265 (20.4%) were for Medical Assistance eligibles.

Community-Based Services Waiver - During fiscal year 1985, the Medical Assistance Program, working with the Mental Retardation and Developmental

Disabilities Administration, continued a deinstitutionalization program for eligible mentally retarded individuals. This program is made possible by the federal government's waiver of certain regulations which allows the State of Maryland to use federal funds to pay for services to the retarded in order that these citizens can live in a community setting rather than in a state institution.

By the end of fiscal year 1985, 338 former State Residential Center patients were placed in communities throughout Maryland. It is expected that at the end of the third year of this program, approximately 716 recipients will have been placed in the community.

PROGRAM CONTROLS

MEDICAID QUALITY CONTROL

The primary objective of the Medicaid Quality Control (MQC) system is to measure, identify and eliminate or reduce dollar errors within the Medicaid Program. Through MQC findings Medicaid management is provided with meaningful information on the causes of case and payment error in Medicaid eligibility. This information, in addition to other data analysis, is used by the Program in assessing problem areas and developing corrective actions deemed necessary to correct the errors.

By establishing a Medicaid eligibility payment error rate target level the Health Care Financing Administration intends to reduce erroneous Medicaid expenditures nationwide. Any State which exceeds the national standard of 3% will suffer a reduction in Medicaid funding. For the last two review periods completed (October 1983 - March 1984 and April - September 1984) the State has met the target.

Medicaid Quality Control also conducts eligibility reviews in specific areas. This past year eligibility determinations performed by the financial agents within the State institutions were sampled for review. Final analysis of the information found during the reviews is nearly complete. These reports will be forwarded to the Division of Reimbursements and the Division of Eligibility Services in order to target corrective action in this area.

RECOVERIES

The Maryland Medical Assistance Program recovers money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile and personal injury settlements), workmen's compensation, estates, paternity/child support, provider refunds, and recipient fraud. Additional sources of recoveries are medical malpractice, lead paint poisoning liability, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service.

During fiscal year 1985, collections were $8 million. An additional savings of $37 million resulted from cost-avoidance activities composed of Medicare Part B collections and voluntary accession of health insurance benefits by providers.

Planning began during fiscal year 1985 for conversion of the health insurance recovery system from post-payment recovery of expenditures ("pay-and-chase") to prepayment denial of claims with probable insurance coverage ("cost-avoidance"). This

change will require private health insurance payment for services rendered to insured Medicaid recipients before the Program pays. The change is expected to increase provider revenue from health insurance carriers and decrease Program expenditures.

PREAUTHORIZATION

An important cost control measure is the preauthorization of many services by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization Control Agent, Cosmetic or obesity surgery, durable medical equipment and supplies costing more than $60.00, and prescription drugs costing more than $60.00 require preauthorization. In addition, certain or all of the services in the Dental, Vision Care, Oxygen, Hearing Aid, Podiatry, Physical Therapy and Ambulance and Wheelchair Van Programs must be preauthorized before being rendered by the provider.

FRAUD INVESTIGATIONS

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local departments of social services, police, and citizens. Detection of possible fraud also results from internal reviews.

Listed below are details concerning the status and number of fraud investigations in fiscal year 1985.

Completed investigations	479
Referrals to the State's Attorneys	102
Successful prosecutions	43
Cases pending with the State's Attorneys Offices	30
Cases pending at end of FY 1985	403
Recoveries	$173,855

The Maryland Medical Assistance Program aiso provides logistical support in supplying invoices and other data to the Medicaid Fraud Control Unit in the Office of the Attorney General, which has responsibility for the investigation of alleged provider fraud.

ABUSE INVESTIGATIONS

The Medical Assistance Program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the Utilization Control Agent's admission and length of stay approval. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnoses.

Provider-specific review is conducted on the basis of computer generated exception reports. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and administrative action, including recovery of funds and imposition of sanctions, may be taken. Additionally, the case may be referred to the provider's peer review group or to the Commission on Medical Discipline. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution.

Explanations of Medical Benefits (EOMB) are sent monthly to approximately 800 recipients to verify that the services paid for by the Program have been received. The EOMB lists the services paid for the recipient in the preceding month and requests confirmation that the services were received. If the recipient denies receiving the service, the provider is questioned concerning the service. Undocumented services are not acceptable and payment is recovered.

FOCUSED CASE MANAGEMENT PROGRAM

The Maryland Medical Assistance Program investigates cases of abuse or inappropriate utilization of Medical Assistance benefits by Medicaid recipients. Recipient abuse may result when a recipient uses an inappropriate type of provider for care, uses an appropriate provider in an inappropriate manner or at inappropriate frequencies, or uses emergency rooms or outpatient clinics for primary care.

The Focused Case Management Program was instituted during fiscal year 1983. On August 22, 1984, regulations were enacted to facilitate and refine the program's operation.

Computer-generated reports are used to identify recipients with payment histories suggesting abuse. These recipients are interviewed and counseled. If abuse continues, each recipient is restricted to the use of one primary provider for a six-month period.

Continued abuse will result in an additional one year restriction. One hundred and ninety-eight recipients were restricted during fiscal year 1985.

The Program continues to refine and improve its operations. Amendments to the Physicians Services Regulations will be proposed in fiscal year 1986 to codify the Program's relationship with providers rendering services to restricted recipients. These amendments will define the case management concept, establish conditions for physician participation and set forth payment procedures for participating physicians.

PHYSICIAN REFERRAL SERVICE

In July 1984, the Program implemented a toll-free telephone Physician Referral Service to assist recipients find physicians in their neighborhoods who are willing to accept Medicaid patients. The objective of the referral service is to divert Medicaid recipients from the hospital emergency rooms and outpatient clinics that many rely on as a source of primary care.

During the previous year, the Program had conducted several surveys to establish which physician providers were interested in enlarging their Medicaid office practice. Those who wished to receive referrals were asked to provide their name, office addresses and phone numbers. Over 1,300 practice locations were entered in a special computer file that enables a Program telephone operator to identify the physicians in a given ZIP Code, and by physician specialty within a ZIP code, in response to a request from a Medicaid recipient.

For fiscal year 1985, 3,435 physician referrals were provided in response to 2,915 calls. In some cases recipients requested the name of a pediatrician or gynecologist as well as a general practitioner. One or more referrals have been made to over 40% of the practice locations on file, with one physician in an underserved urban area receiving a total of 42 referrals.

Medicaid recipients vere initially notified of the Physician Referral Service by means of a general mailing. Reminders will be sent periodically, and other forms of notification will be on-going, to assure that recipients remain aware of the availability of this service.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Care Program's Medicaid Management Information System (MMIS) has been approved by the federal government as meeting the objectives and

functions for systems requirements as expressed in the MMIS General Systems Design. The approval was granted by the Department of Health and Human Services' Health Care Financing Administration (HCFA).

The MMIS is a sophisticated, dynamic and highly integrated series of systems which serve the Medical Care Programs. The features of the systems include: a claims processing system with the capability to significantly reduce, if not eliminate, erroneous and duplicate payment of bills; provisions for the efficient and accurate processing of invoices; assisting the Program in its fraud and abuse activities; reduction of possible waste in the Program; and the production of utilization and management review reports.

Now that the Maryland MMIS has been approved, the Program is making preparations for its initial Systems Performance Review (SPR). The SPR is conducted annually by the HCFA to ensure that the objectives and functions of the MMIS General Systems Design remain operational, and that revised and/or additional requirements are satisfied.

COST CONTAINMENT

In response to a projected $32 million deficit for fiscal years 1984 and 1985, the Program worked to develop and implement cost containment measures. The aim was to find ways of generating the required savings while minimizing the impact on access to care for the state's low income and disadvantaged citizens.

A major achievement in 1985 was the implementation of inpatient hospital day limits based on Diagnosis Related Groups (DRGs). This methodology replaced the uniform 20-day limit on hospital admissions. The DRG methodology prohibits payment for hospital days which exceed the day limits for 468 diagnosis groupings. During fiscal year 1985, the Program paid for almost 40,000 fewer days of care than in fiscal year 1984, the largest single decrease since the fiscal year 1981 restrictions on inpatient services were first introduced. The Program will continue to review and monitor the impact this day limit has on both the Program and providers and make adjustments as needed.

In the area of long term care, certain nursing home rates, allowances and ceilings were reduced to 1983 levels during fiscal year 1985. Though the number of nursing home days increased at about the same rate as past years, the average cost per day was only 1% higher than in fiscal year 1984.

In the area of administrative practices, the Program met a long time goal of federal certification for the Medicaid Management Information System (MMIS) in March, 1985. With certification comes an increase in federal funding of claims processing activities, resulting in additional federal matching funds. Additionally, during December 1984, the Eligibility Verfication System (EVS) became operational, providing a means by which providers may verify patient eligibility prior to rendering service, avoiding erroneous payments by the Program.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees eligible to receive services; the utilization of services; and the cost per service. The relative contribution of these variables to total Program expenditures has fluctuated over time. The following tables show where changes have occurred in total expenditures, unit cost for services and use of services over a five-year period.

Displayed on Table A is the average yearly enrollment for the past five fiscal years, 1981 through 1985. In fiscal year 1985, enrollment was down slightly from fiscal year 1984, the lowest average enrollment in several years. Since fiscal year 1981 there has been a gradual decline in average enrollment.

Total Program payments by major service category for the five-year period are shown on Table B. Unlike other totals shown in this publication, these figures do not include Medicare payments for deductibles and coinsurance and do not reflect credits and collections received. These figures more clearly reflect unadjusted costs to the Medicaid Program for purposes of comparison over time.

In fiscal year 1985, Program service expenditures increased by only 4.6%, less than the 10.6% increase in fiscal year 1984. Discounting the state facility expenditures not previously reported, the increase in other expenditures was little more than half of the increase reported for fiscal year 1984; $27 million compared to $57 million. Expenditures for acute general hospital services were less than fiscal year 1984 by about $7 million, while nursing facility payments increased by roughly $7 million over fiscal year 1984 expenditures.

Hospital outpatient services exhibited slightly less of an increase in fiscal year 1985, about 5.0%. Payments to physicians increased 17.5% for in-hospital care and 10.0% for office-based care, partly as a result of the shift to physicians billing for the professional component previously included in hospital rates.

Payments for pharmacy services were up 16% in fiscal year 1985. Pharmacy services have continued to be one of the fastest growing segments of the Program.

Payments for dental services remained about the same as in fiscal year 1984.

With regard to unit cost for services, Table C shows trends over the past five fiscal years. The cost per day in an acute general hospital bed was up 11.2% over fiscal 1984, slightly more than in the previous year. The increase in cost for an outpatient hospital visit was up 9.7%, slightly higher than fiscal year 1984. The increase in cost per nursing facility day was the lowest in five years, only 1.1% increase over the past fiscal year. The average cost per inpatient service billed by physicians was up only 1.6% and the cost per office visit was up only 2.9%. The cost per pharmacy invoice increased 9.1%, less of an increase than in past years. The cost per dental service remained about the same as in fiscal year 1984.

To measure changes in utilization of certain services the number of services used per enrolled individual has been calculated. As Table D shows, average use has remained fairly constant, though certain trends are noteworthy.

With regard to hospital inpatient days there was a significant drop in fiscal year 1981 and 1982 as a result of the institution of cost containment measures. Since 1982 the rate has remained nearly constant due to continued monitoring of hospital use. Fiscal Year 1985 saw another significant decrease in hospital days, primarily as a result of the DRG day limit, and a delay in the receipt of complete and accurate bills.

Nursing facility days have continued to increase at a steady rate since fiscal year 1980. Part of this trend was due to slight decreases in overall enrollment and increasing numbers of enrollees using nursing facility care. In fiscal year 1985, the rate was up slightly less than in past years.

Physician care on a per visit basis has increased significantly since the institution of the variable fee schedule for fiscal year 1980. After a slight decrease in average use during fiscal year 1981, use increased dramatically in fiscal years 1982 and 1983. During fiscal year 1985, average physician visits per enrollee were up again, in contrast to outpatient hospital visits per enrollee which were down slightly.

Table A

AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1981-1985

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1981	363,943	
1982	354,309	-2.6%
1983	351,109	-0.9%
1984	341,622	-2.7%
1985	338,975	-0.8%
Average Annual Percent Change		-1.8%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1981-1985

Type of Service[1]	FISCAL YEAR 1981	1982	1983	1984	1985
Acute General Hospital Inpatient	166,786,741 (+4.6%)	166,023,750 (-0.4%)	183,115,004 (+10.3%)	193,152,299 (+5.5%)	186,418,697 (-3.5%)
Nursing Facility	125,075,043 (+21.2%)	139,896,935 (+11.8%)	161,764,484 (+15.6%)	187,884,075 (+16.1%)	194,576,061 (+3.6%)
Hospital Outpatient	41,467,260 (+15.2%)	46,440,190 (+12.0%)	53,496,354 (+15.2%)	57,452,530 (+7.4%)	60,347,773 (+5.0%)
Physician In-Hospital	14,107,287 (+18.7%)	15,034,272 (+6.6%)	17,601,299 (+17.1%)	18,454,247 (+4.8%)	21,675,274 (+17.5%)
Physician Home, Nursing Facility and Office	11,606,122 (+30.1%)	14,345,873 (+23.6%)	16,970,432 (+18.3%)	19,053,276 (+12.3%)	20,964,245 (+10.0%)
Pharmacy	21,791,973 (+20.3%)	26,408,324 (+21.2%)	33,153,476 (+25.5%)	37,869,459 (+14.2%)	43,901,856 (+15.9%)
Dental	6,811,754 (+2.9%)	5,909,092 (-13.2%)	5,854,505 (-0.9%)	5,330,982 (-8.9%)	5,359,316 (+0.5%)
Other[2]	49,908,291 (+7.5%)	53,137,294 (+6.5%)	66,432,896 (+24.8%)	76,144,520 (+14.6%)	89,269,992 (+17.2%)
TOTAL	$437,554,471 (+12.0%)	$467,195,730 (+6.8%)	$538,388,450 (+15.2%)	$595,341,388 (+10.6%)	$622,513,214 (+4.6%)

1 Totals shown for service types do not include payments for Medicare coinsurance and deductibles nor do they reflect credits and collections. These figures will not match net totals shown in other tables.

2 Includes payments to special hospitals; payments for clinic, home and community health, and special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services. Does not include partial year payments made to State facilities and program administration costs.

Table C

COST PER UNIT OF SERVICE
Fiscal Years 1981-1985

Type of Service	FISCAL YEAR 1981	1982	1983	1984	1985
Acute General Hospital Inpatient (Day)	$295.83 (+8.5%)	$344.73 (+16.7%)	$397.27 (+15.2%)	$436.32 (+9.8%)	$485.24 (+11.2%)
Nursing Facility (Day)	27.67 (+13.7%)	29.72 (+7.4%)	32.89 (+10.7%)	37.13 (+12.9%)	37.52 (+1.1%)
Hospital Outpatient and ER (Visit)	59.39 (+15.3%)	68.06 (+14.6%)	78.07 (+14.7%)	84.20 (+7.9%)	92.36 (+9.7%)
Physician In-Hospital (Service)	16.15 (+9.4%)	16.89 (+4.6%)	19.14 (+13.4%)	23.27 (+21.6%)	23.64 (+1.6%)
Physician Home, Nursing Facility & Office (Visit)	17.16 (+35.4%)	19.12 (+11.4%)	21.17 (+10.7%)	24.72 (16.8%)	25.44 (+2.9%)
Pharmacy (Invoice)	8.45 (+13.9%)	9.63 (+14.0%)	11.55 (+19.9%)	13.07 (+13.2%)	14.26 (+9.1%)
Dental (Service)	10.57 (-9.4%)	9.86 (-6.7%)	11.07 (+12.3%)	10.40 (-6.1%)	10.43 (+0.3%)

Table D

AVERAGE NUMBER OF SELECTED SERVICES PER MEDICAID ENROLLEE
Fiscal Years 1981-1985

Type of Service	FISCAL YEAR 1981	1982	1983	1984	1985
Acute General Hospital Inpatient (Day)	1.55 (-7.7%)	1.36 (-12.3%)	1.31 (-3.7%)	1.30 (-0.8%)	1.17 (-10.0%)
Nursing Facility (Day)	12.44 (+1.8%)	13.30 (+6.9%)	14.01 (+5.3%)	14.81 (+5.7%)	15.31 (+3.4%)
Hospital Outpatient and ER (Visit)	1.92 (-4.5%)	1.93 (0.5%)	1.95 (+1.0%)	2.00 (+2.6%)	1.93 (-3.5%)
Physician In-Hospital (Service)	2.40 (+3.4%)	2.51 (+4.6%)	2.62 (+4.4%)	2.59 (-1.3%)	2.70 (+4.2%)
Physician Home Nursing Facility, and Office (Visit)	1.86 (-7.9%)	2.12 (+14.0%)	2.28 (+7.5%)	2.26 (-0.8%)	2.43 (+7.5%)
Pharmacy (Invoice)	7.08 (+0.8%)	7.74 (+9.3%)	8.18 (+5.7%)	8.48 (+3.7%)	9.08 (+7.1%)
Dental (Service)	1.77 (-1.7%)	1.69 (-4.5%)	1.51 (-10.6%)	1.50 (-0.6%)	1.52 (+1.3%)

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program (MPAP) was established by legislation passed in the 1978 session of the Maryland General Assembly, and began operating on January 22, 1979. The purpose of this 100% State-funded Program is to provide help to Maryland residents who are not eligible for participation in the Medical Assistance Program but who meet the eligibility requirements of the MPAP. The MPAP pays for prescription drugs declared effective by the Federal Drug Administration, Schedule V cough preparations, prescribed insulin, insulin syringes and needles, contraceptives (except condoms), and certain formulated nutritional preparations when prescribed by a physician. Under this program, the recipient must pay $1.00 for each prescription and refill and the State pays the rest.

Eligibility for Pharmacy Assistance is based on the financial resources available to the family unit. A 1985 amendment to the original legislation allows the Program to increase maximum allowable gross income standards annually at the time Social Security benefits are increased, by the larger of either any Social Security cost-of-living percentage increase, not to exceed 8%, or the dollar amount which the Medical Assistance income schedules are increased by the State. The asset standards for the Pharmacy Assistance Program are the same as for the Maryland Medical Assistance Program. The following chart shows gross allowable income and asset standards effective during fiscal year 1985:

MAXIMUM GROSS BASE ALLOWABLE ANNUAL INCOME

NUMBER OF PERSONS IN HOUSEHOLD		MAXIMUM TOTAL ALLOWABLE ASSETS
1	$ 5,400	$2,500
2	6,000	2,600
3	6,500	2,700
4	7,100	2,800
5	7,650	2,900
6	8,200	3,000
7	4,750	3,100
8	9,400	3,200
9	10,050	3,300
10	10,650	3,400
Each Additional Person	$ 600	$100

In fiscal year 1985, there was an average enrollment of 13,099 per month. The Program paid $4,487,552 for 279,873 prescriptions, an average of $16.03 per prescription. Table 35 is a summary of the maximum gross allowable income base standards, average enrollment, total costs and number of prescriptions and average cost of prescriptions from the beginning of the Program through fiscal year 1985. Shown below is the average MPAP enrollment by residence and other selected characteristics.

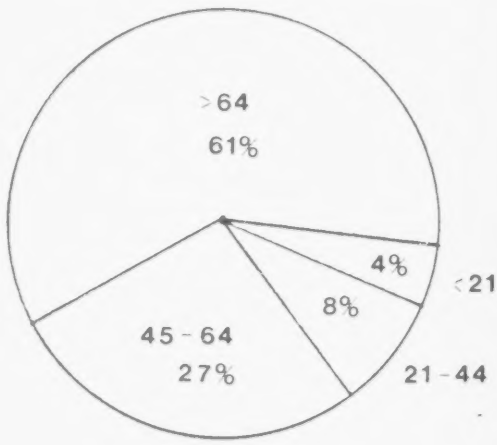
This is the only section of this publication in which information on the Pharmacy Assistance Program appears. All other information in this report is for the Maryland Medical Assistance Program only.

AVERAGE MPAP ENROLLMENT BY RESIDENCE - SELECTED CHARACTERISTICS

RESIDENCE OF RECIPIENT	
Total State	13,099
Baltimore City	5,833
Total Counties	7,266
Allegany	438
Anne Arundel	676
Baltimore	1,427
Calvert	58
Caroline	124
Carroll	220
Cecil	167
Charles	92
Dorchester	158
Frederick	218
Garrett	100
Harford	265
Howard	142
Kent	87
Montgomery	438
Prince George's	697
Queen Anne's	107
St. Mary's	84
Somerset	114
Talbot	81
Washington	460
Wicomico	304
Worcester	107

SELECTED CHARACTERISTICS

AGE



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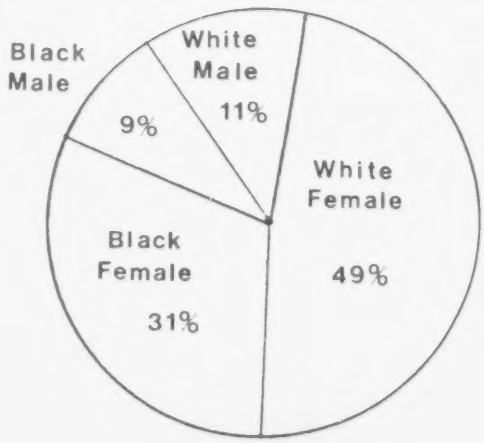

TABLES

The following tables give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 through 17 describe Program payments, enrollees, recipients and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 through 32 provide detailed information about specific services. Table 33 gives summary information on eligibility. Table 34 provides a summary of selected Medicaid Program data over a five year period, and Table 35 shows summary data on the Pharmacy Assistance Program.

As previously noted, due to the inclusion of only a partial year's payments to certain state facilities, some of the following tables may not be consistent with other tables included, nor will they necessarily correspond with previous years' tables. To provide some continuity with previous reports, the partial years' payments were deleted from table data wherever it was possible to do so. All tables which include not previously reported payments or numbers of recipients have been so noted.

Included in nursing facility data in some instances are days, recipients and payments for state ICF-MR facilities (Intermediate Care Facilities for the Mentally Retarded).

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all of the health care services they receive. Tables 1 through 17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE I. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1985

RESIDENCE OF ENROLLEE	All Categories	ELIGIBILITY CATEGORY[1,2]													
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	338,975	19,462	373	34,087	73	212,245	15,470	10	4,234	4,289	11,342	5,466	23,365	7,773	786
Baltimore City	182,457	8,673	266	15,381	40	124,781	4,277	3	1,527	2,004	4,069	1,800	17,002	2,334	300
Total Counties	156,518	10,789	107	18,706	33	87,464	11,193	7	2,707	2,285	7,273	3,666	6,363	5,439	486
Allegany	8,199	356	12	890	3	4,512	572	*	140	32	646	333	163	528	12
Anne Arundel	15,156	775	4	2,001	*	9,050	859	1	245	245	579	311	668	391	27
Baltimore	22,757	1,217	6	2,889	7	12,744	2,345	1	438	295	677	470	1,062	550	56
Calvert	2,624	158	1	301	1	1,396	144	0	43	56	208	79	100	126	11
Caroline	1,744	240	*	281	1	860	146	0	27	19	49	23	33	53	12
Carroll	2,735	251	3	425	0	1,190	320	0	72	63	118	53	101	112	27
Cecil	4,174	175	2	392	0	2,482	193	0	45	75	351	171	103	185	0
Charles	5,177	276	3	520	2	2,855	226	2	75	82	469	126	161	356	24
Dorchester	3,037	469	2	365	0	1,629	193	0	39	46	76	29	76	91	22
Frederick	4,087	293	1	559	0	2,069	371	0	116	88	193	86	151	126	34
Garrett	2,666	147	2	354	3	1,281	171	0	41	22	295	128	48	163	11
Harford	6,473	314	4	731	0	3,865	352	1	82	81	351	212	222	234	24
Howard	2,483	192	2	346	0	870	268	0	75	72	261	169	70	152	6
Kent	1,062	148	3	110	0	496	94	0	23	7	58	15	26	75	7
Montgomery	18,167	1,966	24	2,049	4	8,732	1,723	1	368	292	524	269	1,756	423	36
Prince George's	32,889	1,576	14	3,550	8	21,430	1,348	*	470	531	1,250	665	1,023	934	90
Queen Anne's	1,682	176	2	170	0	897	149	0	39	27	68	17	62	75	0
St. Mary's	3,285	339	5	417	2	1,952	154	0	42	40	108	28	98	85	15
Somerset	2,250	330	2	276	0	1,012	195	0	33	13	137	59	43	115	13
Talbot	1,555	196	2	218	0	664	158	*	32	19	105	39	41	74	7
Washington	6,805	395	6	925	2	3,446	618	0	120	119	452	234	124	340	24
Wicomico	5,372	463	6	707	1	2,949	427	0	100	35	198	95	192	176	23
Worcester	2,139	317	1	228	0	1,083	167	0	42	26	100	55	40	75	5

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

[2] Columns may not add due to rounding.

* Less than 0.5.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1985

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	All Services[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$598,171,941	$218,610,636	$194,576,061	$62,980,659	$52,395,250	$43,901,856	$5,359,316	$10,154,321	$10,193,842
Federally Matched Categorically Indigent	274,659,717	120,891,371	29,090,240	44,497,598	34,126,435	26,701,718	4,263,626	8,339,101	6,749,628
OAA	39,727,253	7,300,326	19,461,097	1,023,374	2,362,121	5,526,360	45,845	3,237,007	771,123
PANB	772,335	279,925	179,244	68,301	54,522	82,436	2,309	93,813	11,785
APTD	80,437,374	37,029,852	9,449,899	9,289,328	7,815,068	9,840,119	250,021	4,576,578	2,176,509
EP	103,442	44,604	-	10,030	14,342	20,925	168	10,596	2,777
AFDC	153,619,313	76,226,664	-	34,106,565	23,880,382	11,231,878	3,965,283	421,107	3,787,434
Federally Matched Medically Indigent	235,062,983	42,937,178	165,313,406	4,806,704	7,721,398	10,692,352	617,449	1,118,431	1,856,065
MAO	172,256,003	8,741,379	151,095,359	506,103	2,504,101	7,910,000	24,156	517,915	956,990
MAB	70,423	4,611	53,167	4,637	3,015	3,906	16	0	1,071
MAD	28,708,645	10,180,209	14,155,783	707,888	1,244,063	1,576,136	16,559	460,796	367,211
MAFC	3,573,006	2,045,811	1,315	532,025	596,428	169,893	131,096	14,052	82,386
MAC	18,177,981	13,503,164	6,718	1,662,330	1,840,012	450,057	389,724	64,899	261,077
MAR	12,276,925	8,462,004	1,064	1,393,721	1,533,779	582,360	55,898	60,769	187,330
Non-Federally Matched	88,623,354	54,782,087	346,528	13,676,357	10,547,417	6,507,786	478,241	696,789	1,588,149
GPA	51,141,775	27,710,179	22,031	9,967,043	6,472,118	5,051,922	312,336	451,973	1,154,173
STND I	37,078,754	26,889,490	324,497	3,630,845	4,012,576	1,423,177	141,238	232,770	424,161
SA	402,825	182,418	-	78,469	62,723	32,687	24,667	12,046	9,815
Adjustment	(174,113)		(174,113)						

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include payments made to state facilities; premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or general transportation services.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 3. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1985

		ELIGIBILITY CATEGORY[1,2]													
		Federally Matched Categorically Indigent						Federally Matched Medically Indigent					Non Federally Matched		
RESIDENCE OF ENROLLEE	All Categories	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$624,627,513	$41,702,870	$770,562	$90,920,066	$103,442	$153,417,599	$176,373,980	$65,959	$38,249,984	$3,870,959	$18,219,706	$12,271,267	$51,154,859	$37,103,409	$402,851
Baltimore City	288,643,579	19,410,416	516,849	47,519,762	56,083	94,081,115	52,184,624	21,207	13,834,364	1,685,455	6,102,849	3,990,668	36,821,846	12,269,223	149,118
Total Counties	336,320,411	22,293,103	253,713	43,400,304	47,359	59,655,722	124,205,946	44,752	24,415,620	2,185,504	12,116,857	8,280,599	14,333,013	24,834,186	253,733
Allegany	15,695,902	914,667	36,099	1,977,296	231	2,956,399	6,486,724	470	1,092,228	17,459	446,382	414,000	340,824	1,011,171	1,952
Anne Arundel	31,561,091	1,339,192	267	4,828,344	7	6,898,933	9,796,400	17,992	2,270,424	182,883	1,299,085	877,965	1,535,431	2,502,522	11,646
Baltimore	57,977,120	2,733,249	40,317	6,086,764	5,559	8,644,911	27,919,085	815	4,062,000	239,145	1,055,034	1,239,982	2,414,392	3,501,543	34,324
Calvert	5,039,542	294,133	3,150	673,754	-	1,081,133	1,384,934	115	272,901	18,283	267,320	195,351	336,051	506,181	6,236
Caroline	4,046,426	448,797	-	534,472	815	481,718	1,709,711	-	330,223	21,252	82,128	72,867	44,329	318,238	1,816
Carroll	8,285,416	691,757	20,631	980,809	-	829,376	3,812,082	(88)	631,199	38,035	238,899	165,087	281,976	564,591	31,062
Cecil	7,027,470	412,902	2,109	863,251	-	1,662,072	2,007,304	-	364,710	55,195	382,703	298,032	294,785	684,407	-
Charles	9,202,465	690,210	13,423	1,098,980	1,747	1,981,443	2,070,872	4,166	606,990	92,591	620,180	218,276	446,332	1,352,748	4,507
Dorchester	5,761,872	982,541	8,922	962,483	-	1,006,068	1,949,916	2,341	310,574	18,059	83,685	(3,525)	182,148	251,628	7,032
Frederick	9,865,202	933,770	792	1,390,658	-	1,124,882	3,896,837	-	962,250	70,703	406,038	186,750	399,485	482,911	10,126
Garrett	5,035,204	334,296	333	767,459	2,745	720,114	1,953,359	-	367,893	16,585	232,333	165,166	114,756	358,349	1,816
Harford	12,781,546	771,069	7,388	1,845,333	-	2,991,745	4,018,233	14,448	573,913	104,597	543,388	414,378	530,168	960,521	6,365
Howard	6,717,043	422,340	208	753,438	-	674,136	2,685,674	-	433,482	36,724	349,536	289,603	221,074	847,110	3,718
Kent	2,291,784	194,632	373	276,022	-	281,116	956,433	-	181,112	3,514	93,200	19,055	57,312	222,193	6,822
Montgomery	44,911,030	3,299,117	17,784	4,845,076	12,963	5,567,551	19,654,507	990	3,832,245	400,403	1,255,910	632,879	3,105,333	2,208,104	78,168
Prince George's	61,322,675	3,447,078	50,697	9,155,135	17,775	15,454,515	14,598,130	384	4,543,061	695,777	2,540,710	2,211,862	2,722,391	5,860,136	25,024
Queen Anne's	3,506,103	251,831	778	353,076	-	569,127	1,433,675	3,119	243,394	9,783	120,258	33,781	119,231	368,050	-
St. Mary's	6,637,068	747,703	3,063	851,897	3,980	1,411,677	1,782,463	-	454,413	47,294	537,113	81,803	279,486	433,295	2,881
Somerset	4,717,259	662,602	16,469	368,180	-	621,468	2,057,018	-	262,337	6,349	126,022	132,734	107,638	351,305	5,137
Talbot	3,545,696	195,226	2,410	590,728	-	389,339	1,513,111	-	339,107	11,224	114,927	58,596	93,831	235,674	1,523
Washington	14,433,400	931,496	9,170	1,743,230	1,146	2,148,351	6,344,389	-	1,177,030	63,427	570,545	303,438	276,167	860,419	4,592
Wicomico	11,224,374	919,549	19,301	1,923,565	391	1,613,431	4,213,537	-	771,671	25,918	552,479	172,054	374,208	630,309	7,961
Worcester	4,734,723	674,946	29	530,354	-	546,217	1,961,492	-	332,463	10,304	198,982	100,465	55,665	322,781	1,025
Recoveries	(336,477)	(649)				(319,238)	(16,590)								

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Payments do not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screening under the Early and Periodic Screening, Diagnosis, and Treatment Program; or General Transportation Program. Payments shown on this table include $1,830,415 in payments to state chronic hospitals; $6,668,716 to state mental hospitals; and $17,956,441 to state facilities providing ICF/MR services. These represent partial year payments and were not previously reported in this publication.

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TABLE 4. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND TYPE OF SERVICE: FISCAL YEAR 1985

RESIDENCE OF ENROLLEE	TYPE OF SERVICE								
	All Services[1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$598,171,941	$218,610,636	$194,576,061	$62,980,659	$52,395,250	$43,901,856	$5,359,316	$10,154,321	$10,193,842
Baltimore City	280,275,039	119,243,108	61,889,618	43,419,956	22,262,231	20,303,458	2,603,633	4,677,738	5,875,297
Total Counties	318,233,379	99,515,900	132,793,033	19,560,709	30,173,288	23,617,923	2,768,439	5,478,642	4,325,445
Allegany	14,885,776	3,654,942	6,705,847	1,030,248	1,378,094	1,315,350	154,980	483,825	162,490
Anne Arundel	30,350,876	11,099,465	10,684,199	1,602,209	3,014,554	2,227,183	229,994	906,480	516,792
Baltimore	55,724,513	14,430,324	28,319,430	3,440,122	3,991,661	3,884,949	391,680	410,224	856,123
Calvert	4,851,980	1,793,512	1,465,747	327,238	678,075	392,226	53,661	65,282	76,239
Caroline	3,701,326	862,869	1,892,069	163,191	335,021	327,392	23,625	56,033	41,126
Carroll	7,742,091	1,994,129	4,060,922	251,748	622,240	583,833	48,839	92,843	87,987
Cecil	6,314,341	1,927,529	2,237,411	593,747	688,721	641,703	110,265	44,384	70,581
Charles	8,988,592	3,390,605	2,656,560	875,139	1,113,890	676,152	85,029	62,058	129,159
Dorchester	5,398,425	1,176,046	2,470,580	338,802	607,880	506,084	63,989	157,117	77,927
Frederick	9,078,066	2,485,585	4,304,112	389,924	754,470	718,865	63,160	248,604	113,346
Garrett	4,790,903	1,134,114	2,253,195	322,666	412,468	443,055	56,293	111,213	57,899
Harford	12,337,403	4,092,110	4,309,515	874,787	1,388,870	1,059,164	176,180	262,452	174,325
Howard	6,327,384	2,082,340	2,726,197	281,103	604,892	445,181	37,143	70,426	80,102
Kent	2,065,179	542,733	956,022	104,837	207,803	208,032	12,974	10,219	22,559
Montgomery	42,382,224	11,779,518	20,581,944	2,047,938	3,869,687	2,812,890	342,505	487,219	460,523
Prince George's	58,540,241	25,298,159	17,104,289	4,532,192	6,276,777	3,543,401	463,252	510,547	811,624
Queen Anne's	3,234,040	966,445	1,443,479	143,043	315,832	282,647	22,716	19,534	40,344
St. Mary's	6,329,486	2,562,207	2,142,046	350,789	625,225	439,622	47,359	109,794	52,444
Somerset	4,365,906	953,438	2,096,068	221,539	404,898	400,891	26,979	197,494	64,599
Talbot	3,146,027	672,597	1,641,464	174,304	311,474	245,398	20,473	47,105	33,212
Washington	13,345,686	2,898,463	6,524,448	843,071	1,157,829	1,222,822	139,984	380,310	178,759
Wicomico	10,130,036	2,721,278	4,083,398	524,797	1,033,355	886,919	100,002	612,930	167,357
Worcester	4,202,878	997,492	2,134,091	127,275	379,572	354,164	27,807	132,549	49,928
Recoveries	(336,477)	(148,372)	(106,590)	(6)	(40,269)	(19,525)	(12,756)	(2,059)	(6,900)

[1] Does not include payments to state facilities; premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1985

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	All Services[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$1,765	$645	$574	$186	$155	$130	$16	$30	$30
Federally Matched Categorically Indigent	1,032	454	109	167	128	100	16	31	25
OAA	2,041	375	1000	53	121	284	2	166	40
PANB	2,071	750	481	183	146	221	6	252	32
APTD	2,360	1,087	277	273	229	289	7	134	64
EP	1,417	611	-	137	196	287	2	145	38
AFDC	724	359	-	161	113	53	19	2	18
Federally Matched Medically Indigent	5,760	1,052	4,050	118	189	262	15	27	45
MAO	11,135	565	9,767	33	162	511	2	33	62
MAB	704	461	5,317	464	302	391	2	-	107
MAD	6,781	2,404	3,343	167	294	372	4	109	87
MAFC	833	477	-	124	139	40	31	3	19
MAC	1,603	1,191	1	147	162	40	34	6	23
MAR	2,246	1,548	-	255	281	107	10	11	34
Non-Federally Matched	2,776	1,716	11	428	330	204	15	22	50
GPA	2,189	1,186	1	427	277	216	13	19	49
STND I	4,770	3,459	42	467	516	183	18	30	55
SA	513	232	-	100	80	42	31	15	12

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include payment to state facilities; premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1985

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]													
	All Categories[2]	Federally Matched Categorically Indigent					Federally Matched Medically Indigent					Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	$1,843	$2,143	$2,066	$2,667	$1417	$723	$11,401	$6,596	$9,034	$903	$1,606	$2,245	$2,189	$4,773	$513
Baltimore City	1,582	2,238	1,943	3,090	1,402	754	12,201	7,069	9,060	841	1,500	2,217	2,166	5,257	497
Total Counties	2,149	2,066	2,371	2,320	1,435	682	11,097	6,393	9,019	956	1,666	2,259	2,253	4,566	522
Allegany	1,914	2,569	3,008	2,222	77	655	11,340	470	7,802	546	691	1,243	2,091	1,915	163
Anne Arundel	2,082	1,728	1,728	2,413	7	762	11,404	17,992	9,267	746	2,244	2,823	2,299	6,400	431
Baltimore	2,548	2,246	6,720	2,107	794	678	11,906	815	9,274	811	1,558	2,638	2,273	6,366	613
Calvert	1,921	1,862	3,150	2,238	-	774	9,618	115	6,347	326	1,285	2,473	3,361	4,017	567
Caroline	2,320	1,870	-	1,902	815	560	11,710	-	12,230	1,119	1,676	3,168	1,343	6,004	151
Carroll	3,023	2,756	6,877	2,308	-	697	11,913	-	8,767	604	2,025	3,115	2,792	5,041	1,150
Cecil	1,684	2,359	1,055	2,202	-	670	10,401	-	8,105	736	1,090	1,743	2,862	3,699	-
Charles	1,778	2,501	4,474	2,113	874	694	9,163	2,083	8,093	1,129	1,322	1,732	2,772	3,800	188
Dorchester	1,897	2,095	4,461	2,637	-	618	10,103	2,341	7,963	393	1,101	-	2,397	2,765	320
Frederick	2,414	3,187	792	2,488	-	544	10,504	-	8,295	803	2,104	2,172	2,646	3,833	298
Garrett	1,889	2,274	167	2,168	915	562	11,423	-	8,973	754	788	1,290	2,391	2,198	165
Harford	1,975	2,456	1,847	2,524	-	774	11,415	14,448	6,999	1,291	1,548	1,955	2,388	4,105	265
Howard	2,705	2,200	104	2,178	-	775	10,021	-	5,780	510	1,339	1,714	3,158	5,573	620
Kent	2,158	1,315	124	2,509	-	567	10,175	-	7,874	502	1,607	1,270	2,204	2,963	975
Montgomery	2,472	1,678	741	2,365	3,241	638	11,407	990	10,414	1,371	2,397	2,353	1,768	5,220	2,171
Prince George's	1,865	2,187	3,621	2,579	2,222	721	10,829	384	9,666	1,310	2,033	3,326	2,661	6,274	278
Queen Anne's	2,084	1,431	389	2,077	-	634	9,622	3,119	6,241	362	1,769	1,987	1,923	4,907	-
St. Mary's	2,020	2,206	613	4,043	1,990	723	11,574	-	10,819	1,182	4,973	2,422	2,852	5,098	192
Somerset	2,097	1,893	8,235	1,324	-	614	10,549	-	7,950	488	920	2,250	2,503	3,055	395
Talbot	2,280	996	1,205	2,710	-	586	9,577	-	10,597	591	1,502	1,502	2,289	3,185	218
Washington	2,121	2,358	1,528	1,885	573	623	10,266	-	9,809	533	1,262	1,297	2,227	2,531	191
Wicomico	2,089	1,986	3,217	2,721	391	547	9,868	-	7,717	741	2,790	1,811	1,949	3,581	346
Worcester	2,214	2,129	29	2,326	-	504	11,745	-	7,916	396	1,990	1,827	1,392	4,304	205

1 See Appendix A, Glossary of Terms for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services. Average payments include $1,830,415 in payments to state chronic hospitals; $6,668,716 to state mental hospitals; and $17,956,441 to state facilities providing ICF-MR services.

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TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1985

RESIDENCE OF ENROLLEE	TYPE OF SERVICE								
	All Services[1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$1,765	$645	$574	$186	$155	$130	$16	$30	$30
Baltimore City	1,536	654	339	238	122	111	14	26	32
Total Counties	2,033	636	848	125	193	151	18	35	28
Allegany	1,816	446	818	126	168	160	19	59	20
Anne Arundel	2,003	732	705	106	199	147	20	60	34
Baltimore	2,449	634	1,244	151	175	171	17	18	38
Calvert	1,849	684	559	125	258	149	20	25	29
Caroline	2,123	495	1,085	94	192	188	14	32	24
Carroll	2,831	729	1,485	92	228	213	18	34	32
Cecil	1,513	462	536	142	165	154	26	11	17
Charles	1,736	655	513	169	215	131	16	12	25
Dorchester	1,778	387	813	112	200	167	21	52	26
Frederick	2,221	608	1,053	95	209	176	15	61	28
Garrett	1,797	425	845	121	155	166	21	42	22
Harford	1,906	632	666	135	215	164	27	41	27
Howard	2,548	839	1,098	113	244	179	15	28	32
Kent	1,945	511	900	99	196	196	12	10	21
Montgomery	2,333	648	1,133	113	213	155	19	27	25
Prince George's	1,780	769	520	138	191	108	14	16	25
Queen Anne's	1,923	575	858	85	188	168	14	12	24
St. Mary's	1,927	780	652	107	190	134	14	33	16
Somerset	1,940	424	932	98	180	178	12	88	29
Talbot	2,023	433	1,056	112	200	158	13	30	21
Washington	1,961	426	959	124	170	180	21	56	26
Wicomico	1,886	507	760	98	192	165	19	114	31
Worcester	1,965	466	998	60	177	166	13	62	23

[1] Does not include payments to state facilities; premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 8. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1985

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	One Or More Types Of Service[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Recipients	380,664	65,679	20,549	211,407	301,038	273,647	83,075	5,889	145,355
Federally Matched Categorically Indigent	272,194	40,079	4,066	162,446	217,522	203,362	67,697	4,611	103,892
OAA	18,340	5,137	2,035	8,616	15,313	16,041	1,055	1,608	8,199
PANB	356	52	23	199	288	307	53	35	138
APTD	32,061	7,236	1,735	20,252	26,775	27,118	4,895	2,239	14,958
EP	66	10	0	36	52	55	7	6	30
AFDC	221,371	27,644	273	133,343	175,094	159,841	61,687	723	80,567
Federally Matched Medically Indigent	57,135	11,665	16,464	21,659	43,517	37,006	8,116	719	22,895
MAO	20,884	3,838	14,385	5,440	15,979	16,670	571	286	12,044
MAB	17	2	5	11	16	13	1	0	11
MAD	5,520	1,366	2,039	2,277	4,129	3,579	310	291	2,440
MAFC	4,231	433	32	2,099	3,480	2,478	1,605	23	1,298
MAC	17,031	2,983	1	7,439	12,661	8,748	4,491	58	4,005
MAR	9,452	3,043	2	4,393	7,252	5,518	1,138	61	3,097
Non-Federally Matched	51,335	13,935	19	27,302	39,999	33,279	7,262	559	18,568
GPA	30,513	6,443	8	18,783	24,955	23,775	5,311	387	13,883
STND I	20,231	7,461	11	8,279	14,587	9,158	1,667	169	4,536
SA	591	31	0	240	457	346	284	3	149

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 9. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND ELIGIBILITY CATEGORY: FISCAL YEAR 1985

RESIDENCE OF RECIPIENT	ELIGIBILITY CATEGORY[1]														
	All Categories[2]	Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	380,664	18,340	356	32,061	66	221,371	20,884	17	5,520	4,231	17,031	9,452	30,513	20,231	591
Baltimore City	188,738	7,873	253	14,679	35	120,592	5,707	4	1,959	1,725	5,157	2,614	21,144	6,778	218
Total Counties	191,926	10,467	103	17,382	31	100,779	15,177	13	3,561	2,506	11,874	6,838	9,369	13,453	373
Allegany	9,910	358	14	891	2	5,222	766	1	192	33	947	461	201	815	7
Anne Arundel	18,594	766	1	1,844	1	10,451	1,198	1	316	244	1,002	611	979	1,160	20
Baltimore	28,052	1,200	8	2,606	6	14,754	3,232	2	533	370	1,130	941	1,565	1,657	48
Calvert	3,285	163	1	309	0	1,635	213	1	57	57	323	145	111	260	10
Caroline	2,286	249	0	293	0	1,114	188	0	31	23	111	68	53	145	11
Carroll	3,698	253	2	433	0	1,612	425	0	87	74	221	140	179	251	21
Cecil	5,619	187	1	395	0	3,212	266	0	59	83	564	264	160	428	0
Charles	6,381	283	5	500	2	3,179	318	2	98	98	768	235	191	684	18
Dorchester	3,889	520	3	398	0	2,000	262	1	75	47	149	91	112	213	18
Frederick	5,320	282	2	549	0	2,508	507	0	147	129	377	182	255	350	32
Garrett	3,385	160	2	358	3	1,541	205	0	50	24	469	203	71	296	3
Harford	8,456	336	5	706	0	4,797	480	2	109	109	589	380	338	580	25
Howard	3,283	192	1	339	0	1,105	350	0	95	83	399	268	105	342	4
Kent	1,375	151	2	112	0	574	144	0	31	14	114	42	40	147	4
Montgomery	21,045	1,638	21	1,639	4	9,697	2,232	1	501	295	799	493	2,450	1,249	26
Prince George's	38,411	1,411	15	3,071	8	23,260	1,883	1	609	521	1,923	1,303	1,669	2,689	48
Queen Anne's	2,190	178	2	174	0	1,088	214	1	51	25	125	52	94	186	0
St. Mary's	3,882	354	4	411	2	2,169	200	0	51	45	204	78	129	222	13
Somerset	2,841	377	2	286	0	1,204	236	0	46	18	230	112	70	247	13
Talbot	1,976	186	2	219	0	820	195	0	55	24	172	67	67	164	5
Washington	8,545	418	3	875	2	4,128	841	0	163	118	721	348	192	713	23
Wicomico	6,742	478	6	734	1	3,437	592	0	142	43	358	225	261	446	19
Worcester	2,761	327	1	240	0	1,272	230	0	63	29	179	129	77	209	5

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

[2] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services. Figures include recipients of ICF-MR services in state facilities and recipients receiving care in state mental facilities and state chronic facilities.

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1985

RESIDENCE OF RECIPIENT	TYPE OF SERVICE								
	One or More Type of Service [1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	380,664	65,679	20,549	211,407	301,038	273,647	83,075	5,889	145,355
Baltimore City	188,738	31,559	6,139	123,386	139,213	136,037	44,401	2,970	78,421
Total Counties	191,926	34,120	14,410	88,021	161,825	137,610	38,674	2,919	66,934
Allegany	9,910	1,892	753	6,234	8,359	7,599	2,337	233	3,209
Anne Arundel	18,594	3,347	1,125	7,567	16,191	13,613	4,215	296	7,015
Baltimore	28,052	4,577	3,024	12,470	22,857	20,540	5,835	331	11,323
Calvert	3,285	737	169	1,498	2,938	2,481	731	34	1,072
Caroline	2,286	361	204	970	1,993	1,695	465	47	645
Carroll	3,698	607	434	1,311	3,180	2,759	773	72	1,361
Cecil	5,619	1,044	260	3,095	4,837	4,266	1,263	29	1,385
Charles	6,381	1,151	235	3,514	5,243	4,475	1,211	41	2,246
Dorchester	3,889	864	256	2,064	3,520	2,906	907	97	1,344
Frederick	5,320	921	509	2,103	4,590	3,807	975	135	1,876
Garrett	3,385	622	221	1,938	2,784	2,455	806	70	869
Harford	8,456	1,686	456	3,947	7,220	6,337	2,132	134	2,875
Howard	3,283	640	298	1,204	2,762	2,261	560	63	1,272
Kent	1,375	296	114	685	1,202	1,007	273	12	388
Montgomery	21,045	3,389	2,150	8,366	17,890	14,745	3,635	247	7,370
Prince George's	38,411	6,932	1,826	16,774	31,308	25,584	6,646	371	12,992
Queen Anne's	2,190	402	188	839	1,939	1,646	449	16	683
St. Mary's	3,882	792	236	1,832	3,235	2,762	727	49	1,138
Somerset	2,841	528	207	1,386	2,507	2,192	477	107	1,091
Talbot	1,976	364	199	937	1,712	1,486	401	42	525
Washington	8,545	1,314	799	4,396	7,334	6,272	1,859	193	2,900
Wicomico	6,742	1,196	506	3,891	5,840	4,681	1,519	220	2,484
Worcester	2,761	458	241	1,000	2,384	2,041	478	80	863

[1] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services. Nursing facility recipients include those recipients in State facilities providing ICF-MR services.

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TABLE II. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1985

RESIDENCE OF RECIPIENT	UNITS OF SERVICE								
	General Hospital Inpatient Discharges	General Hospital Inpatient Days	Nursing Facility Days [1]	Outpatient Department Visits	Emergency Room Visits	Physician Home & Office Visits	Pharmacy Invoices	Dental Services	Home and Community Health Services
Total State	68,074	399,271	5,408,546	445,237	208,122	814,955	3,077,593	513,769	531,852
Baltimore City	33,339	203,345	1,631,464	392,265	117,333	341,749	1,396,358	258,461	260,811
Total Counties	34,735	195,926	3,777,082	52,972	90,789	473,206	1,681,235	255,308	271,041
Allegany	2,115	9,860	204,696	1,057	10,028	21,303	99,885	14,389	25,727
Anne Arundel	3,351	20,146	302,709	6,256	7,527	49,844	153,918	28,353	30,999
Baltimore	4,357	24,862	815,149	23,353	10,139	60,705	270,014	35,938	22,687
Calvert	778	4,376	41,954	526	1,186	10,854	26,964	4,615	3,191
Caroline	330	1,747	53,780	134	748	5,443	25,383	2,424	4,245
Carroll	535	3,047	116,455	567	922	8,271	39,666	4,624	6,527
Cecil	1,141	5,101	67,914	358	2,917	15,553	48,008	8,666	1,645
Charles	1,227	6,666	62,732	467	4,037	15,651	46,263	7,902	3,192
Dorchester	724	3,504	69,330	218	1,535	9,236	41,492	5,678	13,333
Frederick	993	5,290	132,287	405	2,747	12,167	51,674	6,482	10,998
Garrett	710	2,987	64,338	115	2,293	7,550	33,941	5,017	7,448
Harford	1,748	9,491	121,304	2,257	3,463	25,728	76,864	14,445	11,107
Howard	613	3,758	75,928	884	1,144	7,837	29,354	3,406	3,573
Kent	259	1,286	28,496	54	499	3,253	15,573	1,267	529
Montgomery	3,553	22,937	564,624	3,909	8,610	65,835	194,180	30,075	17,252
Prince George's	7,547	45,699	454,919	10,850	18,873	90,793	252,047	45,716	18,206
Queen Anne's	372	2,005	42,033	105	645	5,043	21,948	2,397	446
St. Mary's	816	4,690	56,333	445	1,581	9,348	28,513	4,404	4,719
Somerset	449	2,258	56,274	92	1,010	5,268	30,916	2,791	16,880
Talbot	334	1,686	46,028	91	856	4,852	18,602	2,176	3,513
Washington	1,276	6,003	208,048	276	5,858	19,156	87,200	12,510	23,894
Wicomico	1,110	6,075	127,323	442	3,690	13,897	62,528	9,356	32,187
Worcester	407	2,452	61,428	111	483	5,619	26,302	2,677	8,741

[1] Nursing facility days include 220,367 ICF-MR days of care in state facilities for the mentally retarded.

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TABLE 12. PAYMENTS FOR SERVICES BY RACE, SEX AND AGE OF RECIPIENT:
FISCAL YEAR 1985

RACE AND SEX OF RECIPIENT	All Ages	AGE OF RECIPIENT Under 6	6 - 20	21 - 44	45 - 64	65 - 74	75+
Total Payments[1]	$624,627,513	$56,203,179	$58,463,896	$170,599,310	$111,644,103	$64,533,165	$163,183,860
White	338,380,412	19,033,241	23,176,755	74,532,769	54,251,554	41,685,375	125,700,718
Male	105,965,484	10,359,429	9,312,621	29,722,227	21,131,009	12,493,397	22,946,801
Female	232,414,928	8,673,812	13,864,134	44,810,542	33,120,545	29,191,978	102,753,917
Non-White	286,247,101	37,169,938	35,287,141	96,066,541	57,392,549	22,847,790	37,483,142
Male	101,810,649	18,973,276	12,162,822	28,767,493	22,000,182	8,105,552	10,801,324
Female	184,436,452	17,196,662	23,124,319	67,299,048	35,392,367	14,742,238	26,681,818

[1] All payment figures exclude premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services. Payment figures do include partial year payments of $26,455,572 for services provided in certain state facilities.

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TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY RACE, SEX AND AGE: FISCAL YEAR 1985

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE						
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	65 - 74	75+
Total Enrollees	338,975	63,507	101,621	101,200	34,760	15,703	22,184
White	125,755	20,775	31,259	37,651	14,601	7,370	14,099
Male	46,654	10,524	14,777	11,104	5,269	2,200	2,780
Female	79,101	10,251	16,482	26,547	9,332	5,170	11,319
Non-White	213,220	42,732	70,362	63,549	20,159	8,333	8,085
Male	78,670	21,350	32,733	13,190	6,923	2,413	2,061
Female	134,550	21,382	37,629	50,359	13,236	5,920	6,024
Average Payment[1]	$1,843	$885	$575	$1,686	$3,212	$4,110	$7,356
White	2,691	916	741	1,980	3,716	5,656	8,916
Male	2,271	984	630	2,677	4,010	5,679	8,254
Female	2,938	846	841	1,688	3,549	5,646	9,078
Non-White	1,342	870	502	1,512	2,487	2,742	4,636
Male	1,294	936	372	2,181	3,178	3,359	5,241
Female	1,371	804	615	1,336	2,674	2,490	4,429

1 All payment figures exclude premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services. Average payment figures do include partial year payments of $26,455,572 for services provided in certain state facilities.

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TABLE 14. NUMBER OF RECIPIENTS AND AVERAGE PAYMENT PER RECIPIENT BY AGE, RACE AND SEX: FISCAL YEAR 1985

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT						
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	65 - 74	75+
Total Recipients	380,664	73,823	102,567	117,878	42,595	18,161	25,640
White	157,892	26,774	37,277	47,960	19,039	9,495	17,347
Male	57,991	13,618	16,380	14,572	6,987	2,799	3,635
Female	99,901	13,156	20,897	33,388	12,052	6,696	13,712
Non-White	222,772	47,049	65,290	69,918	23,556	8,666	8,293
Male	82,055	23,627	28,248	16,871	8,367	2,634	2,308
Female	140,717	23,422	37,042	53,047	15,189	6,032	5,985
Average Payment[1]	$1,641	$761	$570	$1,447	$2,621	$3,553	$6,364
White	2,143	711	622	1,554	2,849	4,390	7,246
Male	1,827	761	569	2,040	3,024	4,464	6,313
Female	2,326	659	663	1,342	2,748	4,360	7,494
Non-White	1,285	790	540	1,374	2,436	2,636	4,520
Male	1,241	845	431	1,705	2,629	3,077	4,680
Female	1,311	734	624	1,269	2,330	2,444	4,458

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services. Payment figures do include partial year payments of $26,455,572 for services provided in certain state facilities.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1985

TYPE OF SERVICE	AGE OF RECIPIENT						
	All Ages	Under 6	6-20	21-44	45-64	65-74	75 +
Total Payments[1]	$624,627,513	$56,203,179	$58,463,896	$170,599,310	$111,644,103	$64,533,165	$163,183,860
Hospital Inpatient	218,610,636	37,064,396	27,879,371	83,763,609	52,574,729	8,291,094	9,037,437
Nursing Facility Care[2]	212,532,502	170,776	2,651,162	16,631,904	20,017,293	40,500,796	132,560,571
Hospital Outpatient	62,980,659	9,376,230	11,997,640	28,469,158	11,212,237	1,141,755	783,639
Physician	52,395,250	6,810,459	8,329,337	21,120,434	10,570,428	2,466,449	3,098,143
Pharmacy	43,901,856	2,132,704	3,470,770	11,797,989	11,540,742	5,989,398	8,970,253
Dental	5,359,316	565,212	3,249,951	1,255,877	204,733	49,887	33,656
Home & Community Health	10,154,321	290,276	273,640	1,999,082	3,216,115	1,787,696	2,587,512
Special Services	10,193,842	918,700	1,633,264	3,295,750	2,428,688	772,635	1,144,805
State Facilities[3]	8,499,131	(1,125,574)	(1,021,239)	2,265,506	(120,862)	3,533,455	4,967,844

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

2 Includes payments of $17,956,441 for recipients of ICF-MR services in state facilities.

3 Payments made to state chronic facilities and state mental facilities. Data reflects partial year payments.

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1985

TYPE OF SERVICE	AGE OF RECIPIENT						
	All Ages	Under 6	6-20	21-44	45-64	65-74	75 +
One or More Types of Service[1]	380,664	73,823	102,567	117,878	42,595	18,161	25,640
Hospital Inpatient	65,679	6,575	13,381	24,939	9,436	8,051	3,297
Nursing Facility Care[2]	20,549	14	284	1,460	1,760	3,891	13,140
Hospital Outpatient	211,407	44,425	53,378	72,714	24,709	7,597	8,584
Physician	301,038	58,112	75,584	96,432	35,852	14,542	20,516
Pharmacy	273,647	51,261	62,783	88,610	34,467	14,977	21,549
Dental	83,075	11,396	41,892	23,609	4,268	1,094	816
Home & Community Health	5,889	407	252	1,092	1,964	868	1,306
Special Services	145,355	17,919	33,703	50,469	20,883	8,387	13,994
State Facilities[3]	2,253	11	292	1,178	313	245	214

[1] Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

[2] Includes recipients of care in state facilities providing ICF-MR services.

[3] Recipients of care in state chronic facilities and state mental facilities.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1985

TYPE OF SERVICE	AGE OF RECIPIENT						
	All Ages	Under 6	6-20	21-44	45-64	65-74	75 +
Total - All Services[1]	$1,641	$761	$570	$1,447	$2,621	$3,553	$6,364
Hospital Inpatient	3,328	5,637	2,084	3,359	5,572	1,030	2,741
Nursing Facility Care[2]	10,343	12,198	9,335	11,392	11,343	10,409	10,088
Hospital Outpatient	298	211	225	392	454	150	91
Physician	174	117	110	219	295	170	151
Pharmacy	160	42	55	133	335	400	416
Dental	65	50	78	53	48	46	41
Home & Community Health	1,724	713	1,086	1,831	1,638	2,059	1,981
Special Services	70	51	48	65	116	92	82

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services. Total average payments include partial years payments made to all state facilities.

[2] Average includes payments of $17,956,441 to state facilities for ICF-MR services and recipients of ICF-MR services.

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TABLE 18. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1985

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	6,265,721	$218,610,636
Room and Board	491,219	$108,603,889
Operating/Recovery Room	60,176	12,016,905
Anesthesia	39,204	3,112,335
Delivery Room	12,616	7,076,487
Nursery	39,809	7,194,746
Laboratory	1,714,940	20,230,904
Radiology	161,820	7,173,167
EKG, EEG, etc.	52,145	1,974,278
Pharmacy	1,799,730	14,123,998
Blood/Trans	48,132	2,748,728
Supplies	1,279,759	13,842,870
Inhalation Therapy	302,834	5,288,711
Physical/Occupational Therapy	94,116	2,000,342
Emergency	26,454	2,337,001
Other	98,494	8,282,630
Inpatient Deductible	13,389	$4,386,146
Inpatient Coinsurance	14,650	3,101,411
Inpatient Collections	16,234	(4,883,912)

* Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1985

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL ALL FACILITIES	5,408,546	$212,532,502
TOTAL HOSPITAL BASED FACILITIES		
SNF (Days)	237,674	$15,944,865
TOTAL FREE-STANDING AND STATE FACILITIES	5,170,872	$196,587,637
Days of Care by Level and Intensity*		
ICF - Light	1,265,805	$52,982,594
ICF - Moderate	2,063,381	93,680,864
ICF - Heavy	628,872	33,107,235
ICF - Heavy Special	825,213	44,069,766
SNF - Light	39,526	1,591,949
SNF - Moderate	73,848	3,160,657
SNF - Heavy	13,913	674,613
SNF - Heavy Special	34,251	1,792,084
ICF - MR	220,367	17,956,441
TOTAL DAYS	5,165,176	$249,016,203
Medicare Coinsurance Days	5,696	244,467
Ancillary Services	1,775,158	6,318,652
Patient Resources/Collections	165,170	($58,991,685)

* Figures indicated are those as billed by providers and do not reflect adjustments based on review by the Department. Included in this section are 220,367 ICF-MR days of care and payments of $17,956,441 to state facilities for the mentally retarded.

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TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1985

TYPE OF SERVICE	SERVICES	PAYMENTS
TOTAL	2,231,421	$62,980,659
Clinic Visits	445,237	$17,270,599
Emergency Room Visits	208,122	11,594,324
Operating/Recovery Room	51,713	3,776,514
Anesthesia	26,710	610,482
Delivery Room	2,766	386,449
Radiology	156,447	7,770,487
Laboratory	716,917	9,355,757
EKG, EEG, etc.	21,867	852,195
Pharmacy	149,537	889,857
Blood/Transfusions	5,032	298,006
Supplies	225,546	1,937,774
Physical/Occupational Therapy	62,372	2,238,222
Other	65,682	2,961,162
Psych. Day Care	6,777	481,852
Outpatient Deductible	15,069	$562,551
Outpatient Coinsurance	70,699	2,070,335
Collections	928	(75,907)

* Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

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TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY SERVICES AND PAYMENTS: FISCAL YEAR 1985

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	1,710,822	$26,776,684
Total Visits	824,095	$14,927,403
Office	814,935	-
Home	916	-
Nursing Facility	8,244	-
EPSDT Screens	31,955	1,053,046
Consultations	10,251	316,072
Laboratory	255,878	1,319,001
X-Ray, EKG, EEG	45,108	901,961
Drugs Dispensed	83,508	353,170
Clinics and Other Specified Services	288,544	5,842,728
Medicare Deductable	34,004	$856,660
Medicare Coinsurance	137,479	1,206,643

Payments to Contract Clinics

Type of Clinic	Number of Clinics	Total Patients	Total Payments
Drug Abuse	15	2,301	$814,501
Family Planning	8	11,755	590,533
Community Mental Health	8	1,383	620,251
Local Health Department Mental Health	44	5,901	1,590,828
Other	4	1,695	230,335

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TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1985

TYPE OF SERVICE	SERVICES				PAYMENTS			
	Total	Inpatient	Outpatient	Emergency Room	Total	Inpatient	Outpatient	Emergency Room
Total	1,031,864	635,955	223,774	172,135	$25,715,878	$20,016,125	$4,052,269	$1,647,484
Attending Physician	376,016	252,420	19,467	104,129	4,096,007	3,042,329	78,525	975,153
Surgery	78,211	48,324	17,273	12,614	9,613,947	7,895,116	1,459,888	258,943
Anesthesiology	26,206	21,234	4,902	70	1,902,891	1,681,759	218,972	2,160
Consultation	32,615	29,466	2,685	464	774,725	717,823	43,985	12,917
Radiology	244,704	104,108	95,292	45,304	2,823,875	1,301,232	1,193,141	329,502
Pathology	51,500	28,241	18,557	4,702	368,939	234,931	119,137	14,871
Other Specified Services	107,472	77,621	24,999	4,852	2,094,890	1,594,693	446,259	53,938
Medicare Deductible & Coinsurance	115,140	74,541	40,599	-	4,040,604	3,548,242	492,362	-

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MEDICAL ASSISTANCE PROGRAM

TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1985

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	3,077,593	$43,901,856	$14.26
Invoices reimbursed on Usual and Customary basis	1,172,077	15,614,535	13.32
Invoices reimbursed on allowable cost plus professional fee basis	1,905,516	28,287,321	14.84
Legend Drugs	1,837,509	27,260,034	14.84
Over-the-Counter Drugs	68,007	1,027,287	15.11

[1] Does not include $.50 copayment made by recipients in state-only categories for each prescription filled except for EPSDT related and family planning prescriptions.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1985

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
TOTAL SPECIAL SERVICES	892,624	$10,193,842
OPTOMETRIST-OPTICIAN SERVICES	317,471	$2,936,513
Diagnostic Services	109,457	1,115,074
Dispensing Services	49,369	679,593
Fabrication Services	157,790	1,125,946
Deductible and Coinsurance	855	15,900
AMBULANCE	36,892	$668,007
One Way Trips	5,523	274,813
Additional Miles	12,074	11,594
Other Services	182	9,575
Medicare Deductible and Coinsurance	19,113	372,025
VAN	15,387	$330,237
One Way Trips	12,182	314,666
Additional Miles	1,608	978
Other Services	1,597	14,593
PODIATRY	40,424	$653,435
Visits	1,912	17,845
Bone Joint Surgery	3,785	270,675
X-Ray & Laboratory	3,164	34,360
Other Procedures	8,549	106,320
Medicare Deductible and Coinsurance	23,014	224,235
MEDICAL LABORATORY SERVICES	334,377	$2,911,624
X-Ray & Laboratory	307,038	$2,627,070
Medicare Deductible and Coinsurance	27,339	284,554
DURABLE MEDICAL EQUIPMENT	139,555	$2,573,000
DME and Supplies	107,508	1,840,554
Medicare Deductible and Coinsurance	32,047	732,446
HEARING AIDS	3,102	$77,356

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TABLE 24. SPECIAL SERVICES PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1985 (continued)

TYPE OF SERVICE	NUMBER OF SERVICES	PAYMENTS
PHYSICAL THERAPY	5,326	$50,298
Physical Therapy Services	5,301	49,847
Medicare Deductible and Coinsurance	25	451
COLLECTIONS	90	($6,628)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1985

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Die
GRAND TOTAL	70,154	491,219	$218,610,636	$445.04
GENERAL HOSPITALS	68,074	399,271	$193,742,314	485.24
Baltimore City	37,392	235,353	$125,716,598	$534.16
Bon Secours	1,418	10,039	4,419,866	440.27
Church Hospital	794	5,699	3,047,733	534.78
Good Samaritan	162	1,198	465,525	388.59
Johns Hopkins	7,455	46,439	27,192,126	585.55
Francis Scott Key Medical Center	2,461	16,992	9,112,650	536.29
Lutheran	1,147	8,050	3,732,928	463.72
Maryland General	1,937	10,630	6,178,173	581.20
Mercy	1,897	11,273	5,898,828	523.27
North Charles General	1,064	8,857	3,729,083	421.03
Provident	2,925	19,471	8,782,946	451.07
St. Agnes	2,083	11,839	5,501,686	464.71
Sinai	2,501	14,775	8,526,366	577.08
South Baltimore General	1,938	9,258	3,906,161	421.92
Union Memorial	2,436	12,020	6,368,499	529.83
University of Maryland	6,317	42,941	26,967,993	628.02
Wyman Park Health System	857	5,872	1,886,035	321.19
Counties	27,821	147,834	$58,484,785	$395.61
Anne Arundel General	683	3,628	1,416,062	390.31
Baltimore County General	305	2,326	1,087,323	467.46
Calvert Memorial	820	4,595	1,601,862	348.61
Carroll County General	262	1,159	457,531	394.76
Clinton Community	96	447	199,350	445.97
Doctors' Hospital of P.G. County	399	2,529	1,054,356	416.91
Dorchester General, Cambridge	584	2,671	901,373	337.47
Edward McCready Memorial	174	803	365,255	454.86
Eugene Leland Memorial	486	4,242	1,301,987	306.93
Fallston General	535	3,629	1,175,210	323.84
Franklin Square	1,729	8,752	3,641,784	416.11
Frederick Memorial	781	3,844	1,328,714	345.66
Frostburg Community (Miner's)	176	962	362,210	376.52

Individual entries include direct third party recoveries and Medicare deductibles and coinsurance.

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Counties (continued)				
Garrett County Memorial	524	2,087	780,233	373.85
Greater Baltimore Medical Center	690	2,854	1,386,132	485.68
Greater Laurel, Beltsville	488	3,454	1,232,233	356.76
Harford Memorial	1,068	4,348	1,629,402	374.75
Holy Cross	900	4,837	2,119,337	438.15
Howard County General	457	2,628	1,067,393	406.16
Kent & Queen Anne's General	309	1,421	476,241	335.14
Memorial, Cumberland	942	4,170	1,559,201	373.91
Memorial Hospital at Easton	817	3,820	1,355,047	354.72
Montgomery General	779	4,991	1,832,578	367.18
North Arundel	861	4,852	1,617,310	333.33
Peninsula General	1,638	8,162	2,891,299	354.24
Physicians' Memorial	776	3,419	1,366,857	399.78
Prince George's General	3,571	21,058	9,286,133	440.98
Sacred Heart	1,040	4,788	1,534,731	320.54
St. Joseph's	533	2,654	1,223,635	461.05
St. Mary's	579	2,507	946,035	377.36
Shady Grove Adventist	704	3,251	1,758,439	540.89
Southern Maryland	1,017	6,119	2,612,059	426.88
Suburban	373	3,147	1,422,000	451.86
Union of Cecil	801	3,246	1,224,630	377.27
Washington County	1,122	5,013	2,128,792	424.65
Washington Adventist	802	5,421	2,142,051	395.14
Washington D. C.	2,066	12,394	$7,858,370	$634.05
Capitol Hill	8	57	51,035	895.35
Columbia	50	233	142,812	612.93
D. C. General	27	252	171,114	679.02
George Washington	59	539	394,056	731.09
Georgetown University	201	1,607	953,062	593.07
Greater Southeast Community	982	5,282	3,137,326	593.97
Hadley Memorial	29	168	77,443	460.97
Howard University	118	782	374,412	478.79
Providence	209	858	516,857	602.40
Sibley Memorial	55	378	137,376	363.43
Washington Hospital Center	328	2,238	1,902,877	850.26
Other Out of State	651	2,616	$1,056,302	$403.78

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TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Die
CHRONIC HOSPITALS	546	50,089	$7,323,371	$146.21
Children's Hospital (Chronic)	2	345	69,802	202.38
Good Samaritan Hospital (Special)	126	1,731	551,188	318.42
John Deaton	250	23,497	3,064,149	130.41
Francis Scott Key (Chronic)	21	4,053	543,821	134.18
Levindale	65	7,603	1,325,006	174.27
Mason F. Lord Hospital (Chronic)	45	7,684	1,118,361	145.54
Prince George's Hospital ECF	37	5,176	651,044	125.78
SPECIALTY FACILITIES	1,534	41,859	$18,444,852	$440.64
Bryn Mawr Rehab. Center	20	1,691	397,448	235.04
Childrens Hospital	82	570	228,941	401.65
Children's Hospital of D.C.	717	5,162	4,902,374	949.70
Elizabethtown Hosp. Child & Youth Center	2	200	(8,854)	-
Hospital for Sick Children - DC	12	3,365	980,123	291.27
James Kernan	156	938	424,327	452.37
John F. Kennedy Institute	268	6,984	3,441,296	492.74
Johns Hopkins Oncology Ctr.	135	886	954,036	1,076.79
Lake Erie Inst. Rehab.	4	3,387	860,293	254.00
Mt. Washington Pediatric Hosp.	123	18,360	6,183,295	282.31
National Orthopedic - DC	10	95	25,839	271.99
Rehab. Hospital Spec. Services-York	4	132	34,680	262.73
Woodrow Wilson Rehab. Ctr.	1	89	21,054	236.56
KIDNEY DISEASE PROGRAM	144	1,074	$626,259	583.11
CREDITS			($899,901)	
MEDICARE-DEDUCTIBLE AND COINSURANCE*		$7,487,557		
DIRECT THIRD PARTY RECOVERIES*		$4,883,912		

* Included in individual entries and subtotals.

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TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1985

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
GRAND TOTAL - ALL FACILITIES[1]	198	5,408,546	$212,532,502
TOTAL - ALL NURSING FACILITIES	190	5,188,179	$194,576,061
HOSPITAL BASED FACILITIES	6	237,674	$15,944,865
Baltimore City	4	207,770	$13,683,595
John L. Deaton Nursing Home		48,419	3,782,653
Keswick		26,505	1,336,075
Levindale Home		75,894	5,274,839
Mason F. Lord Nursing Facility		56,952	3,290,028
Prince George's County	1	24,766	$1,698,952
Prince George's Nursing Center		24,766	1,698,952
Talbot County	1	5,138	$562,318
Memorial Hospital Easton Nursing Facility		5,138	562,318
FREE STANDING FACILITIES	181	4,818,271	$173,560,865
Baltimore City	38	1,217,893	$44,703,703
Ardleigh Nursing Home		11,522	380,183
Ashburton Nursing Home		13,268	512,120
Belair Convalesarium		66,653	2,408,041
Blancaflor Nursing Home		-115	(46,608)
Caton Manor Nursing Center		50,387	1,631,876
Century Home		25,273	935,894
John L. Deaton		7,374	275,293
Dukeland Nursing Home - Queen Manor		36,047	1,270,321
Edgewood Nursing Home		28,845	941,014
Federal Hill Nursing Center		108,333	3,789,780
Friedlers Guest House		11,301	474,848
Garden Village		28,481	1,067,296
Garrison Nursing Home		6,758	257,356
Granada Nursing Home		41,192	1,671,267

[1] Grand totals include partial year days and payments to state ICF-MR facilities.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	NUMBER OF DAYS	NET PAYMENTS
Baltimore City (Continued)			
Greater Pennsylvania Avenue Nursing Center		38,396	1,477,257
Greenwood Acres Nursing Home		8,252	410,283
Hamilton Nursing Center		20,770	703,757
Harford Gardens Convalescent Center		20,584	796,417
Haven Nursing Home		7,649	300,887
Hayes Care Home		3,809	144,626
Jenkins Memorial		31,488	1,045,871
Kenesaw Nursing Home		9,857	352,727
Kenson Nursing Home		13,049	396,210
Key Circle Hospice		35,613	1,164,179
Lafayette Square Nursing Center		92,438	3,610,412
Lake Drive Nursing Home		16,357	647,214
Maryland Rehabilitation Center		2,417	69,185
Lincoln Convalescent Center		80,858	3,362,847
Long Green Nursing Center		11,696	287,194
Maryland Baptist Aged Home		11,537	468,431
Melchor Nursing Home		16,568	678,314
Mt. Vernon Care Center		48,313	1,878,010
Mt. Sinai Nursing Home		20,391	725,204
Pall Mall Nursing Home		23,171	927,363
Park Manor Nursing Home		17,851	722,275
Pimlico Manor		56,630	1,985,744
Pleasant Manor Nursing Home		40,688	1,429,157
Poplar Manor Nursing Home		50,338	1,928,939
Seton Hill Manor		103,854	3,622,519
Allegany County	5	155,072	$5,273,117
Allegany County Nursing Home		51,459	1,893,045
Cumberland Villa Nursing Center		20,253	582,657
Egle Nursing Home		7,545	297,603
Frostburg Villa Nursing Home of Allegany County		49,894	1,623,528
Lions Manor Nursing Home		25,921	876,284
Anne Arundel County	12	263,792	$9,315,112
Annapolis Convalescent Center		13,866	499,899
Arundel Geriatrics Nursing Center		27,274	998,117
Bay Manor Nursing Home		24,245	1,028,379

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Anne Arundel County (continued)			
Crofton Convalescent Center		25,279	948,509
Fairfield Nursing Center		25,394	775,542
Hammonds Lane Nursing Center		20,611	603,189
Knollwood Manor		28,670	1,005,017
Maryland Manor of Glen Burnie		29,704	1,047,931
Meridian Nursing Center - Severna Park		23,815	792,984
North Arundel Nursing and Convalescent Center		19,737	655,733
Plaza Manor Convalescent Home		4	(-39,411)
Pleasant Living Convalescent Center		25,193	999,223
Baltimore County	37	970,922	$33,577,567
Armacost Nursing Home		12,815	548,479
Augsburg Lutheran Home		19,287	572,431
Bent Nursing Home		17,477	745,082
Breightonwood		10,646	379,677
Chapel Hill Convalescent Home		16,601	573,133
Dulaney Towson Nursing Home		21,141	678,799
Eastpoint Nursing Home		41,583	1,411,795
Forest Haven Nursing Home		58,395	1,808,538
Frederick Villa Nursing Center		19,223	593,536
Garrison Valley Center		25,170	911,795
Heritage Nursing Center		41,131	1,304,713
Holly Hill Manor		2,730	101,539
Hurwitz House		6,800	219,753
Inglenook Nursing Home		25,605	1,110,787
Ivy Hall Nursing & Convalescent Home		6,782	279,536
Jewish Convalescent & Nursing Home		44,137	1,584,273
Katherine Ro[illegible] Nursing Home		4,441	159,783
Little Sisters of the Poor		21,061	725,128
Manor Care - Rossville		42,811	1,213,515
Manor Care - Ruxton		28,875	904,881
Manor Care - Towson		16,052	552,554
MD Health Care Association - T/A Perring Pkwy.		26,161	1,017,228
Meridian Health Care - Catonsville		30,880	987,361
Milford Manor Nursing Home		18,627	727,595
Old Court Nursing Home		37,981	1,286,713
Pickersgill		14,534	435,136
Pikesville Convalescent Home		39,018	1,331,705
Meridian Nursing Center - Randallstown		57,050	1,821,956
Ridgeway Manor		15,310	633,606
Riverview Nursing Centre		69,478	2,511,024

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Baltimore County (Continued)			
St. Joseph's Nursing Home		4,280	175,821
St. Luke Lutheran Home		1,805	61,933
Shady Nook Nursing Home		1,028	23,470
Stella Maris Hospice		80,305	2,890,709
Summit Nursing Home		9,331	341,276
Valley Nursing & Convalescent Center		46,178	1,681,728
Valley View Nursing Home		36,193	1,271,223
Calvert County	2	34,538	$1,181,624
Calvert County Nursing Center		21,979	718,935
Calvert House		12,559	462,689
Caroline County	2	51,196	$1,920,564
Caroline Nursing Home		15,467	517,082
Wesleyan Health Care Center		35,729	1,403,482
Carroll County	6	105,050	$3,756,007
Carroll Lutheran Villa Home Care Center		10,358	342,007
Golden Age Guest Home		4,595	179,967
Long View Nursing Home		9,225	334,927
Pleasant View Nursing Home #2		36,102	1,404,789
Sykesville Eldercare Center		16,005	535,526
Westminster Villa Nursing Center		28,765	958,791
Cecil County	3	56,511	$2,011,529
Calvert Manor Nursing Home		9,228	316,650
Devine Haven Convalescent Home		10,719	345,222
Laurelwood Nursing Center		36,564	1,349,657
Charles County	2	65,866	$2,898,710
Charles County Nursing Home		28,998	1,275,936
Meridian Nursing Center - La Plata		36,868	1,622,774
Dorchester County	2	57,281	$2,155,302
Cambridge House		48,548	1,797,063
Glasgow Nursing Home		8,733	358,239

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Frederick County	4	81,285	$2,699,937
Citizens Nursing Home of Frederick County		51,348	1,787,253
Frederick Nursing Center		19,558	583,130
Homewood Retirement Center		3,435	89,014
Vindobona Nursing Home		6,944	240,540
Garrett County	3	101,082	$3,612,554
Cuppett & Weeks Nursing Home		49,421	1,750,981
Dennett Road Manor		31,359	1,208,936
Goodwill Mennonite Hom		20,302	652,637
Harford County	3	92,877	$3,364,245
Belair Convalescent Center		26,280	842,360
Brevin Nursing Home		14,065	567,204
Citizens Nursing Home		52,532	1,954,681
Howard County	1	55,175	$2,197,978
Lorien Nursing & Convalescent Home		55,175	2,197,978
Kent County	1	12,676	$403,123
Magnolia Hall		12,676	403,123
Montgomery County	20	512,565	$19,595,119
Bel Pre Health Care Center		14,250	495,900
Bethesda Health Center		53,164	2,112,157
Brooke Grove Nursing Home		7,723	246,090
Circle Manor Nursing Home		27,108	1,154,081
Collingswood Nursing Center		21,955	760,922
Colonial Villa Nursing Home		10,601	388,677
Fairland Nursing Home		9,396	404,784
Friends House Nursing Home		5,663	166,658
Hebrew Home of Greater Washington		103,900	3,877,761
Heritage Health Care Center		13,479	544,198
Herman M. Wilson Health Care Center		62,796	2,310,927

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENT BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Montgomery County (Continued)			
Kensington Nursing Center		33,203	1,361,404
National Lutheran Home for Aged		51,139	1,928,856
Potomac Valley Nursing Center		18,913	862,550
Randolph Hills Nursing Home		12,903	522,952
Rockville Nursing Home		9,801	371,497
Sharon Nursing Home		5,111	150,002
Sligo Gardens		2	20
Sylvan Manor Health Care Center		25,847	913,797
University Nursing Home		25,611	1,021,886
Prince George's County	13	363,763	$13,995,233
Carroll Manor		29,400	1,006,985
Clinton Convalescent Center		63,457	2,960,616
Fort Washington Rehab. Center		32,543	1,487,884
Greenbelt Nursing Home		27,643	937,562
Greater Laurel Nursing Home		31,562	1,248,579
Hillhaven Nursing Home		1,492	50,330
Hyattsville Manor		40,556	1,384,464
Madison Manor Nursing Home		9,060	359,272
Magnolia Gardens Nursing Home		22,403	760,647
Manor Care - Largo		17,462	621,243
Presidential Woods Health Center		63,154	2,252,376
Regency Nursing Center		17,390	675,333
Sacred Heart Home		7,641	249,942
Queen Anne's County	1	44,190	$1,404,283
Corsica Hills Nursing Center		44,190	1,404,283
St. Mary's County	2	50,703	$1,991,006
Amber House		35,165	1,388,074
St. Mary's Nursing Home		15,538	602,932
Somerset County	2	22,236	$937,185
Alice Byrd Tawes Nursing Home		20,534	859,428
Manokin Manor		1,702	77,757

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	NET PAYMENTS
Talbot County	2	43,577	$1,269,180
The Pines		36,435	1,040,748
William Hill Manor		7,142	228,432
Washington County	10	234,087	$7,524,471
Avalon Manor		54,767	1,754,256
Clearview Nursing Home, Inc.		772	21,079
Coffman Home for the Aging		16,578	593,823
Colton Villa Nursing Center		41,318	1,214,357
Fahrney Keedy Memorial Home for the Aged		14,982	464,587
Garlock Memorial Convalescent Center		12,748	421,419
Homewood Retirement Center		12,225	381,988
Ravenwood Lutheran Village Nursing Home		17,693	577,611
Reeder Memorial Home		41,596	1,418,499
Williamsport Nursing Home		21,408	676,852
Wicomico County	3	129,984	$4,434,365
Riverwalk Manor		47,693	1,744,084
Salisbury Nursing Home		62,666	1,966,605
Wicomico Nursing Home		19,625	723,676
Worcester County	3	56,459	$2,044,222
Berlin Nursing Home		32,501	1,139,742
Harrison Hall		10,950	376,623
Hartley Hall		13,008	527,857
Out Of State	4	39,491	$1,294,729
STATE FACILITIES	3	132,234	$5,155,895
Deer's Head Nursing Center		10,006	382,848
Tawes/Bland Bryant Nursing Center		101,334	3,965,374
Western Maryland Center		20,8[illegible]	807,673

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF FACILITY	FACILITIES	NUMBER OF DAYS	NET PAYMENTS
STATE FACILITIES (ICF-MR)*	8	220,367	$17,956,441
Joseph D. Brandenburg Center		6,563	531,452
Walter P. Carter Center		257	64,875
Victor Cullen Center		12,293	1,007,555
Great Oaks Center		59,110	4,073,272
Highland Health Facility		12,335	839,792
Holly Center		27,253	2,483,712
Potomac Center		15,772	1,372,323
Rosewood Center A		86,784	7,583,460
Recoveries and Adjustments			($85,564)

* Partial year days and payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1985

LOCATION AND NAME OF HOSPTAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Medicare & Coinsurance	Collections
Total	653,359	445,237	208,122	$62,980,659	$17,704,604	$11,594,324	$31,124,752	$2,632,886	($75,907)
General Hospitals in Baltimore City	505,573	386,021	119,552	$43,724,641	$14,872,224	$7,345,179	$20,487,193	$1,036,987	($16,942)
Baltimore City	25,749	20,592	5,157	3,379,481	977,140	277,595	2,095,632	29,204	(90)
Balto. City CPPA - C & Y	1,462	1,462	-	52,790	52,790	-	-	-	-
Bon Secours	12,960	7,454	5,506	1,326,626	206,703	488,916	571,847	59,160	-
Church	8,161	2,567	5,594	1,123,961	83,887	380,477	611,707	48,708	(818)
Good Samaritan	902	584	318	156,588	23,882	20,325	94,936	17,537	(92)
Johns Hopkins	125,162	89,249	35,913	12,698,951	4,479,310	2,344,124	5,590,152	285,365	-
Johns Hopkins C & Y	23,120	23,120	-	879,510	879,510	-	-	-	-
Johns Hopkins Oncology Center	-	-	-	7,143	-	-	-	7,143	-
Lutheran	12,755	8,610	4,145	1,063,520	275,107	309,371	422,108	56,934	-
Maryland General	28,151	21,584	6,567	2,411,525	579,630	491,147	1,270,929	69,819	-
Mercy	29,199	23,157	6,042	1,832,843	637,150	285,231	844,432	73,705	(7,675)
North Charles General	10,154	9,794	360	751,127	333,108	19,534	347,086	51,451	(52)
Provident	23,298	16,945	6,353	2,169,515	628,031	336,959	1,145,810	58,715	(50)
Provident-Druid C & Y	6,016	6,016	-	234,840	234,840	-	-	-	-
St. Agnes	22,250	15,766	6,484	1,583,420	494,477	310,765	768,373	15,753	(5,948)
Sinai	30,342	18,942	11,400	2,536,777	636,145	812,703	1,011,377	76,612	(60)
South Baltimore	22,442	13,555	8,887	1,663,033	309,528	355,388	967,024	31,193	(100)
Union Memorial	25,209	16,954	8,255	2,400,680	615,133	398,272	1,337,479	50,918	(1,122)
Univ. MD. Comm. Ped. Center C & Y	14,940	14,940	-	582,760	582,760	-	-	-	-
Wyman Park Health System	5,437	4,224	1,213	568,365	269,734	98,856	183,281	16,813	(319)
U. of M. Medical System	77,864	70,506	7,358	6,301,186	2,573,309	415,516	3,225,020	87,957	(616)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF HOSPTAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Medicare & Coinsurance	Collections
General Hospitals in Counties	129,314	46,040	83,274	$14,787,016	$1,995,619	$3,771,578	$8,213,204	$841,960	($35,345)
Anne Arundel General	3,001	3	2,998	335,953	82	118,654	195,340	21,942	(65)
Baltimore County General	1,639	50	1,589	169,089	637	70,105	87,137	14,639	(3,429)
Calvert Memorial	1,621	353	1,268	292,737	13,074	73,744	186,057	20,226	(364)
Carroll County General	930	16	914	136,682	1,320	36,713	88,683	9,975	(9)
Clinton Community	442	136	306	69,450	1,013	10,253	56,137	2,096	(49)
Doctor's of P.G. County	1,005	-	1,005	129,923	-	56,804	63,887	10,239	(1,007)
Dorchester General, Cambridge	1,467	36	1,431	260,042	1,317	63,498	157,159	38,576	(508)
Edward McCready Memorial	656	15	641	159,011	284	31,420	108,163	19,179	(35)
Eugene Leland Memorial	1,357	-	1,357	190,713	-	48,554	130,266	12,430	(537)
Fallston General	1,694	764	930	220,530	17,252	36,245	154,528	13,002	(497)
Franklin Square	13,932	8,904	5,028	1,139,808	353,442	223,885	528,975	36,976	(3,470)
Frederick Memorial	2,694	2	2,692	270,547	169	96,092	158,562	16,405	(684)
Frostburg Community	1,196	3	1,193	138,029	198	59,477	48,256	30,176	(78)
Garrett County Memorial	2,104	31	2,073	243,171	1,207	101,555	119,240	21,764	(595)
Greater Balto. Med. Center	26,402	24,463	1,939	1,607,938	1,023,335	65,380	493,628	27,588	(2,047)
Greater Laurel	1,171	-	1,171	174,987	-	62,713	106,179	6,193	(98)
Harford Memorial	2,651	1	2,650	524,426	38	198,087	304,181	23,235	(1,115)
Holy Cross	4,140	1,823	2,317	496,236	71,677	126,131	272,369	27,007	(948)
Howard County General	927	2	925	149,824	434	45,607	98,673	5,870	(760)
Kent & Queen Anne's General	810	1	809	135,880	75	50,459	77,732	7,983	(369)
Memorial, Cumberland	6,229	308	5,921	537,659	7,169	191,735	297,839	41,442	(526)
Memorial Hospital at Easton	1,965	1	1964	349,987	16	128,670	180,811	40,490	-
Montgomery General	2,053	865	1,188	243,291	40,740	39,971	152,775	10,817	(1,012)
North Arundel	2,888	24	2,864	299,858	451	108,480	175,182	17,408	(1,663)
Peninsula General	4,733	232	4,501	669,083	7,274	145,162	456,737	60,033	(123)
Physician's Memorial	3,901	277	3,624	657,156	42,743	247,427	339,733	28,003	(750)
Prince George's General	14,602	5,503	9,099	1,671,327	350,215	415,487	840,422	65,203	-
Sacred Heart	3,505	679	2,826	355,605	22,201	77,167	225,542	31,321	(626)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1985 (Continued)

LOCATION AND NAME OF HOSPTAL	NUMBER OF VISITS			PAYMENTS					
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Medicare & Coinsurance	Collections
General Hospitals In Counties (continued)									
St. Joseph's	2,800	1,372	1,428	252,890	30,897	69,141	135,466	18,052	(666)
St. Mary's	1,514	1	1,513	254,066	31	103,638	132,233	18,492	(328)
Shady Grove Adventist	2,515	8	2,507	468,784	494	140,615	314,189	17,839	(4,353)
Southern Maryland	1,523	-	1,523	397,196	-	116,151	257,886	29,131	(5,972)
Suburban	569	16	553	108,938	845	26,472	75,164	6,777	(320)
Union of Cecil	2,419	32	2,387	411,983	534	87,697	307,082	16,792	(122)
Washington Adventist	2,412	89	2,323	500,856	3,523	117,902	357,348	22,988	(905)
Washington County	5,847	30	5,817	763,361	2,932	180,487	529,586	51,671	(1,315)
Specialty Facilities	6,799	6,799	-	$920,484	$577,188	-	$342,317	$3,293	($2,314)
Children's	362	362	-	66,501	8,227	-	57,682	670	(78)
James Kernan	2,803	2,803	-	125,763	25,487	-	99,953	606	(283)
J.F. Kennedy Institute	3,342	3,342	-	663,305	485,770	-	177,535	-	-
Keswick Home-	-	-	-	1,379	-	-	-	1,379	-
Levindale Hebrew Home	-	-	-	624	-	-	-	624	-
Mt. Washington Pediatric	292	292	-	62,912	57,704	-	7,147	14	(1,953)
Out of State Hospitals	11,168	5,877	5,291	$2,439,065	$354,361	$477,287	$1,581,346	$47,068	($20,997)
Kidney Disease Program	213	208	5	$1,211,546	$4,855	$280	$503,142	$703,578	($309)
Direct Third Party Recoveries				($102,093)	($99,643)		($2,450)		

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 28. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PHYSICIAN ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1985

	PAYMENTS		PHYSICIAN ACCOUNTS[1]		NUMBER OF PHYSICIAN ACCOUNTS IN PAYMENT GROUP						
LOCATION OF PROVIDER	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$52,195,250	100.0	6,481	99.9	1,080	1,559	1,862	820	557	251	352
Baltimore City	20,139,918	38.4	1,458	22.5	218	314	397	190	132	56	151
Total Counties	29,240,537	55.8	3,983	61.4	459	867	1,285	599	411	180	182
Allegany	1,373,041	2.6	141	2.2	20	15	37	28	22	11	8
Anne Arundel	1,936,931	3.7	319	4.9	31	54	132	53	26	11	12
Baltimore	6,730,133	12.8	862	13.3	110	226	265	105	75	42	39
Calvert	653,530	1.2	44	0.7	0	6	6	12	9	6	5
Caroline	98,796	0.2	9	0.1	0	2	2	2	1	1	1
Carroll	501,492	1.0	88	1.4	7	19	38	15	5	2	2
Cecil	451,420	0.9	44	0.7	2	8	7	12	8	4	3
Charles	663,076	1.3	48	0.7	3	7	7	10	10	5	6
Dorchester	437,509	0.8	39	0.6	2	5	8	6	11	4	3
Frederick	607,805	1.2	102	1.6	11	9	38	25	14	4	1
Garrett	305,165	0.6	18	0.3	2	3	4	2	4	0	3
Harford	1,235,837	2.4	145	2.2	22	20	45	23	14	10	11
Howard	1,293,277	2.5	131	2.0	10	25	48	20	11	8	9
Kent	212,868	0.4	32	0.5	6	5	5	7	7	1	1
Montgomery	4,013,833	7.7	863	13.3	115	266	288	91	60	20	23
Prince George's	4,941,786	9.4	675	10.4	74	134	234	102	73	27	31
Queen Anne's	79,192	0.1	8	0.1	0	1	1	2	3	1	0
St. Mary's	475,727	0.9	44	0.7	3	7	10	7	10	5	2
Somerset	245,114	0.5	18	0.3	0	2	4	4	3	3	2
Talbot	581,256	1.1	65	1.0	6	12	16	14	11	2	4
Washington	1,023,071	1.9	117	1.8	11	12	39	27	15	6	7
Wicomico	1,229,663	2.3	151	2.3	19	27	47	27	18	6	7
Worcester	150,015	0.3	20	0.3	5	2	4	5	1	1	2
Out of State	3,014,795	5.8	1,040	16.0	403	378	180	31	14	15	19

[1] Physician accounts include individual and group practices and contract clinics.

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TABLE 29. DENTAL PROGRAM: PAYMENTS AND NUMBER OF DENTAL ACCOUNTS BY PROVIDER LOCATION AND PAYMENT GROUP: FISCAL YEAR 1985

	PAYMENTS[1]		DENTAL ACCOUNTS		NUMBER OF DENTAL ACCOUNTS IN PAYMENT GROUP					
LOCATION OF PROVIDER	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000 & Over
Grand Total	$5,359,316	100.0	1,350	100.0	229	485	378	119	76	63
Baltimore City	2,355,309	44.0	271	20.1	40	65	71	28	29	38
Total Counties	2,938,658	54.8	1,034	76.6	173	401	300	91	44	25
Allegany	164,915	3.1	35	2.6	2	9	9	10	5	0
Anne Arundel	326,216	6.0	129	9.6	21	51	40	11	3	3
Baltimore	533,738	10.0	218	16.1	44	96	56	10	4	8
Calvert	55,685	1.1	13	1.0	0	3	7	1	2	0
Caroline	12,000	0.2	6	0.4	0	2	4	0	0	0
Carroll	49,348	0.9	36	2.7	2	19	13	2	0	0
Cecil	79,060	1.5	16	1.2	0	3	7	4	1	1
Charles	55,995	1.1	17	1.3	0	5	9	1	2	0
Dorchester	61,729	1.1	11	0.8	1	2	4	1	3	0
Frederick	58,725	1.1	32	2.4	5	13	11	2	1	0
Garrett	47,815	0.9	13	1.0	2	2	6	2	1	0
Harford	181,754	3.4	49	3.6	8	18	13	7	1	2
Howard	64,572	1.2	40	3.0	10	21	6	2	0	1
Kent	17,911	0.3	4	0.3	0	0	3	0	1	0
Montgomery	374,391	7.0	158	11.7	42	68	31	8	6	3
Prince George's	424,019	7.9	157	11.6	26	56	45	18	9	3
Queen Anne's	9,916	0.2	5	0.3	1	0	4	0	0	0
St. Mary's	39,763	0.7	15	1.1	1	6	6	1	1	0
Somerset	10,811	0.2	3	0.2	0	2	0	1	0	0
Talbot	89,860	1.7	10	0.7	1	4	2	1	0	2
Washington	140,964	2.6	35	2.6	3	9	15	5	2	1
Wicomico	125,027	2.3	23	1.7	2	8	7	3	2	1
Worcester	14,444	0.3	9	0.7	2	4	2	1	0	0
Out of State	65,349	1.2	45	3.3	16	19	7	0	3	0

[1] Includes payments to individual and group practices and clinics.

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TABLE 30. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1985

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE									
		Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Medical Day Care	Personal Care	Other Services	Collections
Maryland State	$10,154,321	$1,925,429	$715,644	$317,725	$69,744	$88,172	$43,896	$2,845,858	$4,022,839	$126,479	($1,465)
Baltimore City	4,677,738	1,011,852	247,853	139,917	27,150	36,465	29,169	1,013,491	2,081,761	90,750	(670)
Total Counties	5,478,642	913,577	467,791	177,808	42,594	51,707	14,727	1,832,367	1,941,078	37,788	(795)
Allegany	483,824	83,477	7,219	4,095	2,398	492	1,083	196,916	187,791	353	
Anne Arundel	906,480	77,278	32,930	28,117	1,678	3,170	182	657,739	90,043	15,343	
Baltimore	410,224	93,905	47,094	23,936	4,998	7,801	1,535	34,640	189,967	6,348	
Calvert	65,282	21,441	12,086	2,126	-	2,024	-	-	27,051	634	(80)
Caroline	56,033	8,052	1,725	1,694	-	-	-	-	43,623	939	
Carroll	92,843	9,971	3,193	4,513	2,067	2,017	-	3,946	65,848	1,288	
Cecil	44,384	14,218	11,706	4,649	1,750	4,024	-	-	7,178	859	
Charles	62,058	14,912	12,083	1,465	1,954	1,574	-	-	28,671	1,399	
Dorchester	157,117	4,871	2,520	7,289	-	-	-	-	142,099	338	
Frederick	248,604	15,464	16,803	3,981	1,112	2,546	199	143,263	64,579	657	
Garrett	111,213	27,000	320	540	-	-	-	3,967	78,131	1,295	(40)
Harford	262,453	98,366	64,768	12,453	5,851	4,208	-	18,108	58,642	57	
Howard	70,426	15,880	3,182	2,241	-	233	516	22,173	25,730	471	
Kent	10,219	4,012	1,209	82	226	-	138	-	4,116	436	
Montgomery	487,219	123,589	44,576	28,953	3,633	6,986	7,704	211,453	56,725	3,601	
Prince George's	510,547	179,464	139,478	37,662	10,832	13,797	2,803	40,771	86,682	(267)	(675)
Queen Anne's	19,534	6,476	6,451	4,559	1,795	-	-	-	37	216	
St. Mary's	109,794	14,811	352	4,821	536	797	-	66,990	21,919	(432)	
Somerset	197,494	2,665	-	-	-	-	-	9,290	185,487	52	
Talbot	47,105	7,596	1,867	1,450	106	-	-	-	35,477	609	
Washington	380,310	17,838	33,131	2,281	3,628	1,732	567	99,805	220,883	415	
Wicomico	612,930	46,923	6,024	697	-	259	-	323,306	234,180	1,541	
Worcester	132,549	25,368	19,074	204	-	47	-	-	86,219	1,636	
Recoveries	(2,059)									(2,059)	

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TABLE 31. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1985

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE									
		Optometrist-Optician Services	Ambulance Service	Van Service	Podiatry	Medical Laboratory Services	Medical Supplies	Hearing Aids	Physical Therapy	Medicare Deductible & Coinsurance[1]	Other
Maryland State	$10,193,842	$2,936,513	$668,007	$330,327	$653,435	$2,911,624	$2,573,000	$77,356	$50,298	$1,629,610	(6628
Baltimore City	5,875,297	1,809,522	408,423	240,728	389,648	1,643,703	1,332,597	31,919	21,005	763,294	(2248
Total Counties	4,325,445	1,133,191	259,584	89,509	264,487	1,267,921	1,240,403	45,437	29,293	866,316	(4380
Allegany	162,490	64,923	9,212	52	6,296	22,763	57,107	2,137	-	33,650	-
Anne Arundel	516,792	112,896	34,196	3,945	19,926	160,890	171,061	6,721	8,270	97,811	(1203
Baltimore	856,123	181,878	86,101	43,123	52,914	237,958	241,602	3,610	9,347	216,208	(410)
Calvert	76,239	20,254	2,613	290	8,560	21,059	22,311	890	262	7,510	-
Caroline	41,126	15,211	645	52	1,952	3,958	16,683	2,473	152	7,172	-
Carroll	87,987	21,141	6,660	1,872	6,147	27,208	24,840	45	77	24,671	(3)
Cecil	70,581	35,668	3,640	728	1,722	10,646	16,789	804	584	5,853	-
Charles	129,159	42,284	4,073	156	1,013	32,700	47,682	1,241	45	17,253	(35)
Dorchester	77,926	30,086	1,718	-	7,648	8,767	29,368	630	422	22,164	(713)
Frederick	113,347	26,621	5,767	234	8,869	40,057	30,935	32	1,012	23,160	(180)
Garrett	57,899	28,121	779	-	(297)	3,604	24,743	949	-	4,007	-
Harford	174,325	52,753	12,077	1,339	7,408	46,032	51,100	1,084	4,053	27,834	(1521
Howard	80,101	14,266	8,956	624	2,979	33,087	19,463	536	214	21,020	(24)
Kent	22,559	9,302	1,585	-	808	2,706	7,404	-	754	3,911	-
Montgomery	460,524	84,548	25,161	11,189	51,129	198,729	86,263	3,322	212	112,869	(30)
Prince George's	811,624	192,998	31,792	24,995	43,636	321,142	176,779	16,850	3,643	108,489	(211)
Queen Anne's	40,344	12,709	2,001	-	460	5,854	18,344	730	246	9,156	-
St. Mary's	52,444	18,345	1,871	312	3,125	15,594	13,062	135	-	7,825	-
Somerset	64,599	24,323	2,002	-	5,411	7,807	25,026	30	-	21,897	-
Talbot	33,212	10,554	709	260	2,423	2,504	16,774	38	-	5,510	(50)
Washington	178,759	65,675	12,258	338	8,041	43,039	48,427	981	-	35,509	-
Wicomico	167,357	50,112	4,052	-	18,011	15,147	78,568	1,467	-	39,628	-
Worcester	49,728	18,523	1,716	-	6,306	6,580	16,071	732	-	13,209	-
Recoveries	(6,900)	(6,200)			(700)						

[1] Payments for Medicare deductibles and coinsurance are included in service payment totals. In previous reports Medicare payments were reported separately. See Table 34 for itemized Medicare payments by service type.

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TABLE 32. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: PAYMENTS AND SERVICES TO LOCAL HEALTH DEPARTMENTS: FISCAL YEAR 1985

LOCATION OF HEALTH DEPARTMENT	NUMBER OF SCREENS	PAYMENTS[1]
Maryland State	8180	$262,381
Baltimore City	623	18,211
Total Counties	7557	233,303
Allegany	380	13,217
Anne Arundel	975	31,152
Baltimore	494	15,886
Calvert	302	3721
Caroline	62	1988
Carroll	114	4012
Cecil	216	7104
Charles	325	11,589
Dorchester	-	-
Frederick	366	12,612
Garrett	227	8,418
Harford	321	10,867
Howard	95	2,941
Kent	28	987
Montgomery	605	20,592
Prince George's	897	27,632
Queen Anne's	63	2,207
St. Mary's	182	12,811
Somerset	29	1,010
Talbot	-	-
Washington	560	19,483
Wicomico	712	24,357
Worcester	604	11,585

[1] These figures reflect those services and payments reported by Local Health Departments through March, 1985. Additional screens and payments were billed through the usual payment system after March. Other tables in this report do not include payments to Local Health Departments for EPSDT services.

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TABLE 33. CHARACTERISTICS OF ALL PERSONS ENROLLED AT SOME TIME DURING THE YEAR TO RECEIVE MEDICAL CARE: FISCAL YEAR 1985

Total Persons Enrolled*			487,647
Total Medicaid Eligibles Only			471,083
Categorically Eligible - Basis of Whose Eligibility Was			373,795
- Age 65 or over		21,728	
- Blindness		413	
- Permanent and Total Disability		37,835	
- Dependent Children Under 21		185,695	
- Adults in Families w/ Dependent Children		91,597	
- Other (Essential Persons)		76	
- General Public Assistance		36,451	
Medically Indigent - Basis of Whose Eligibility Was			97,288
- Age 65 or over		20,666	
- Blindness		18	
- Permanent & Total Disability		5,888	
- Total Dependent Children Under 21		28,065	
- Under 21 not in Family	5,873		
- Under 21 in Family	22,192		
- Adults in Families w/ Dependent Children		10,552	
- Other		32,099	
- Standard I	31,295		
- Subsidized Adoptions	804		
Total Pharmacy Assistance Program Only			16,564

Age in Years - Total	487,647
Under 21	225,280
21 through 64	204,150
65 or Over	58,217
Sex - Total	487,647
Male	185,347
Female	302,300
Race - Total	487,647
White	197,829
Non-White	283,504
Unknown	6,314

* Represents Medical Assistance eligibles and Pharmacy Assistance eligibles.

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985

	FISCAL YEAR				
	1985	1984	1983	1982	1981
Number of Recipients	380,664	380,833	386,623	387,584	378,390
Payments: All Services[1]	$598,171,941	$572,016,964	$515,836,886	$446,715,075	$415,157,319
Hospital Inpatient	218,610,636	$218,699,876	$203,072,245	$180,714,973	$179,061,095
Nursing Facility Care	194,576,061	187,884,075	161,764,484	139,896,935	125,075,043
Hospital Outpatient Care	62,980,659	60,666,405	56,477,101	49,025,687	43,606,800
Physician Services	52,395,250	45,509,020	42,095,766	34,967,960	31,160,674
Pharmacy Services	43,901,856	37,869,459	33,153,476	26,408,324	21,791,973
Dental Services	5,359,316	5,330,982	5,854,505	5,909,092	6,811,754
Home and Community Health Services	10,154,321	6,973,754	4,702,493	2,772,458	1,377,932
Special Services	10,193,842	9,083,393	8,716,816	7,019,646	6,272,048
State Institutions	26,455,572	-	-	-	-
Average Number of Enrollees	338,975	341,622	351,109	354,309	363,943
Federally Matched Indigent	266,240	263,851	261,470	270,277	279,431
Federally Matched Medically Indigent	40,811	43,577	49,615	45,824	46,640
Non-Federally Matched	31,924	34,194	40,024	38,208	37,872
Average Payment Per Enrollee: All Services[1]	$1,765	$1,674	$1,469	$1,261	$1,141
Federally Matched Indigent	1,032	980	864	755	676
Federally Matched Medically Indigent	5,760	5,083	3,957	3,574	3,300
Non-Federally Matched	2,776	2,683	2,335	2,061	1,913
Hospital Inpatient Care	$645	$640	$578	$510	$492
Nursing Facility Care	574	550	461	395	344
Hospital Outpatient Care	186	178	161	138	120
Physician Services	155	133	120	99	85
Pharmacy Services	130	111	94	74	60
Dental Services	16	16	17	17	19
Home and Community Health Services	30	20	13	8	4
Special Services	30	27	25	20	17
State Institutions	78	-	-	-	-

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services. Payments to State institutions for FY 1985 are not included.

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985 (Continued)

	FISCAL YEAR				
HOSPITAL INPATIENT SERVICES	1985	1984	1983	1982	1981
Number of recipients	65,679	65,226	67,451	67,857	68,150
Payments: Total	$218,610,636	$218,699,876	$203,072,245	$180,714,973	$179,061,095
General Hospitals					
Number of discharges	68,074	70,115	70,105	71,870	70,049
Number of days of care	398,197	442,683	460,933	481,605	564,751
Payments: Total	$193,742,314	$198,822,499	$188,191,890	$170,436,579	$171,473,135
Inpatient care	186,418,697	193,152,299	183,115,004	166,023,750	166,786,741
Average per diem payment	485.24	436.32	397.27	344.73	295.33
Medicare deductible and coinsurance	7,323,617	5,670,200	5,076,886	4,412,829	4,686,394
Average number of days per discharge	5.85	6.31	6.57	6.70	8.06
Average number of days per enrollee	1.17	1.30	1.31	1.36	1.55
Special Hospitals					
Number of days of care	91,948	90,935	83,174	81,838	75,339
Payments: Total	$25,768,223	$22,017,840	$17,521,433	$12,773,794	$9,591,002
Inpatient care	25,550,880	21,883,480	17,426,100	12,480,930	9,330,627
Average per diem interim payment	280.25	240.65	207.29	152.51	123.85
Medicare deductible and coinsurance	217,343	134,360	95,333	292,864	260,375
Average number of days per enrollee	0.27	0.27	0.24	0.23	0.21
Collections: Total	($899,901)	($2,140,463)	($2,641,078)	($2,495,400)	($2,003,042)

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985 (Continued)

NURSING FACILITY PROGRAM	FISCAL YEAR 1985	1984	1983	1982	1981
Number of recipients of service	20,549[1]	18,223	18,430	17,390	16,500
Number of days of care: Total	5,188,179	5,060,138	4,918,876	4,712,143	4,527,264
Nursing care	5,182,483	5,054,301	4,910,139	4,702,525	4,513,663
Medicare coinsurance	5,696	5,837	8,737	9,618	13,601
Payments: Total	$194,576,061[2]	$187,884,075	$161,764,484	$139,896,935	$125,075,043
Nursing care	194,331,594	187,665,576	161,480,597	139,763,828	124,902,229
Medicare coinsurance	244,467	218,499	283,887	133,107	172,814
Average per diem payment					
Nursing care	37.50	$37.13	$32.89	$29.72	$27.67
Medicare coinsurance	42.92	37.43	32.49	13.84	12.71
Average number of days per enrollee					
Nursing Care	15.29	15.04	13.98	13.27	12.40
Medicare coinsurance	.02	0.02	0.02	0.03	0.04

1 Number of recipients includes recipients of ICF-MR services which were included in nursing facility recipient totals.

2 Payment total does not include payments to ICF-MR facilities.

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985 (Continued)

HOSPITAL OUTPATIENT PROGRAM	FISCAL YEAR 1985	1984	1983	1982	1981
Number of recipients	211,407	216,851	221,037	220,558	218,125
Number of emergency room (ER) and outpatient department (OPD) visits	653,359	682,361	685,228	682,390	698,761
Payments: Total	$62,980,659	$60,666,405	$56,477,101	$49,025,687	$43,606,800
Emergency room and outpatient department visits	$28,864,923	$28,359,815	$26,125,945	$23,062,675	$20,857,382
Ancillary services	$31,482,850	$29,092,715	$27,370,409	$23,377,515	$20,609,878
Average payment per visit	$92.36	$84.20	$78.07	$68.06	$59.39
Medicare deductible and coinsurance	$2,632,886	$3,213,875	$2,980,747	$2,585,497	$2,139,540
Average number of ER and OPD visits per enrollee	1.93	1.20	1.95	1.92	1.92
Average number of ER and OPD visits per recipient	3.09	3.15	3.10	3.09	3.20

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TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985 (Continued)

PHYSICIAN SERVICES	FISCAL YEAR 1985	1984	1983	1982	1981
Number of recipients	301,038	292,563	300,978	296,684	283,075
Payments: Total	$52,395,250	$45,509,020	$42,095,766	$34,967,960	$31,160,674
Office, Home & Nursing Facility Services					
Number of recipients	242,148	237,593	240,144	232,085	216,929
Payments: Total	$26,776,684	$23,351,098	$21,155,636	$17,538,388	$14,861,430
Physician					
Number of Visits	824,095	770,650	801,482	750,199	676,346
Payments					
Visits	$14,927,403	$12,952,718	$13,219,309	$10,961,559	$8,698,545
Specified services	6,036,842	6,100,558	3,787,075	3,413,770	2,916,848
Medicare deductible and coinsurance	2,063,303	2,097,314	2,100,856	1,620,087	1,605,118
Number of visits per enrollee	2.43	2.25	2.28	2.12	1.86
Number of visits per recipient	3.40	3.24	3.34	3.23	3.12
Clinics					
Payments	$3,846,448	$2,251,728	$2,084,348	$1,572,428	$1,650,190
Collections	($97,312)	($51,220)	($35,952)	($29,456)	($9,271)
In Hospital Service					
Number of recipients	172,072	156,646	162,186	158,457	155,815
Payment: Total	$25,715,878	$22,157,922	$20,940,130	$17,429,572	$16,299,244
Service to: Inpatients	$16,467,883	$14,559,891	$13,818,927	$11,839,534	$11,409,926
Outpatients	3,559,907	2,669,982	2,671,566	2,242,261	1,838,140
Emergency room patients	1,647,484	1,224,374	1,146,329	981,815	869,387
Medicare deductible and coinsurance	$4,040,604	$3,703,675	$3,338,831	$2,395,300	$2,191,957
Collections	(-0-)	(-0-)	($35,523)	($29,338)	($10,166)

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985 (Continued)

	FISCAL YEAR				
DENTAL SERVICES	1985	1984	1983	1982	1981
Number of recipients	83,075	85,706	89,815	89,261	90,823
Payments: Total	$5,359,316	$5,330,982	$5,854,505	$5,909,092	$6,811,754
Diagnostic	789,697	753,151	841,866	856,128	925,217
Preventive	1,210,042	1,128,510	1,067,626	845,136	857,479
Restorative	1,264,139	1,315,645	1,563,599	1,682,040	1,850,620
Endo/Periodontic	314,570	344,010	442,353	405,026	483,525
Prosthodontic	65,924	92,468	104,252	140,622	869,360
Oral surgery	705,233	706,117	771,457	767,830	800,925
Other services	1,009,711	991,081	1,063,352	1,212,310	1,024,628
Number of Selected Services					
Prophylaxes	54,865	56,398	59,055	56,858	58,206
Floride treatments	47,488	48,734	50,522	50,416	51,567
Fillings	69,376	82,183	99,703	116,883	129,715
Extractions	43,539	43,809	54,433	59,954	66,142
Full upper or lower dentures	17	23	38	56	1,994
Partial Dentures	188	287	329	450	2,793
PHARMACY SERVICES					
Number of recipients	273,647	273,028	276,176	273,351	263,872
Number of invoices: Total	3,077,593	2,897,328	2,870,691	2,741,959	2,578,293
Payments: Total	$43,901,856	$37,869,459	$33,153,476	$26,408,324	$21,791,973
Average payment per invoice:	$14.26	$13.07	$11.55	$9.63	$8.45
Average number of invoices per enrollee	9.08	8.48	8.17	7.74	7.08
Average number of invoices per recipient	11.25	10.61	10.39	10.03	9.77

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1981-1985 (Continued)

HOME AND COMMUNITY HEALTH SERVICES	FISCAL YEAR 1985	1984	1983	1982	1981
Number of recipients	5,889	4,647	3,944	3,422	2,594
Payments: Total	$10,154,321	$6,973,754	$4,702,493	$2,772,458	$1,377,932
Nursing Service	1,925,428	1,546,594	1,240,868	1,040,866	669,138
Home Health Aid	715,644	529,493	571,209	568,402	367,248
Physical, Occupational & Speech Therapy	475,642	332,280	283,473	217,771	106,152
Medical Day Care	2,845,858	1,774,326	1,140,823	332,496	136,617
Personal Care	4,022,839	2,662,370	1,375,620	531,698	37,962
Other Specified Services	168,910	128,691	90,498	79,855	46,065
Medicare deductible	-0-	-0-	-0-	1,370	14,750
SPECIAL SERVICES					
Number of recipients	145,355	141,904	143,935	127,410	114,860
Payments: Total	$10,193,842	$9,083,393	$8,716,816	$7,019,646	$6,272,048
Optometry & Optician Service	2,936,513	2,773,501	2,979,337	2,682,842	2,552,512
Ambulance & Van Service	998,244	565,119	568,772	525,111	537,131
Medical Laboratory Service	2,627,070	2,094,741	1,978,349	1,445,967	1,076,246
Medical Supplies	1,840,553	1,419,968	1,329,769	1,008,738	813,099
Podiatry	653,435	429,560	419,429	329,190	361,518
Physical Therapy	49,847	40,421	35,404	17,204	15,906
Hearing Aids	77,356	59,203	65,085	37,453	0
Medicare Deductible & Coinsurance	1,629,640	1,704,263	1,340,655	973,141	915,636
No Medicare Part B Coverage	(30)	(1,223)	27		
Recoveries (other)	($6,628)	($2,160)	($11)		

MARYLAND PHARMACY ASSISTANCE PROGRAM

TABLE 35. SUMMARY OF SELECTED PHARMACY ASSISTANCE PROGRAM DATA: FISCAL YEARS 1981-1985

PHARMACY ASSISTANCE SERVICES	1985	1984	1983	1982	1981
Average Enrollment	13,099	11,370	10,761	10,573	12,290
Maximum Gross Allowable Income Base	$5,400	$5,100	$4,950	$4,600	$4,400
Total Payments	$4,487,552	$3,494,592	$2,710,740	$2,320,597	$2,018,976
Total Number of Prescriptions	279,873	234,945	208,311	212,611	212,779
Average Payment per Prescription	$16.03	$14.88	$13.01	$10.91	$9.49
Average Cost per Recipient	$343.00	$307.00	$252.00	$220.00	$164.00

APPENDIX A
GLOSSARY OF TERMS

ENROLLEES — Those persons who apply for and are determined eligible for Aid to Families with Dependent Children, General Public Assistance, Supplemental Security Income or Medical Assistance. Each enrollee receives a Medical Assistance identification card.

RECIPIENTS — Medical Assistance enrollees who use their Medical Assistance identification cards to receive services.

FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORIES

OAA — Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB — Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD — Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP — Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC — Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children benefits.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

MAO — Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI.

MAB — Medical Assistance to the Blind. Individuals who are disabled and are not recipients of SSI.

MAD — Medical Assistance to the Disabled. Individuals who are disabled and are not recipients of SSI.

MAFC — Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker-relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC — Medical Assistance to Individuals Under 21 and In Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR — Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children who do not receive cash assistance.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY

GPA — General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated disability or advanced age and lack of experience in the labor market.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

STND I — Standard I. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker-relative and are not receiving cash assistance in either a federal or a state-only program.

SA — Subsidized Adoptions. Children with special needs who have been adopted, through the Maryland Department of Human Resources, by families whose income and/or assets render the children financially ineligible for Medicaid coverage.

APPENDIX B
TECHNICAL NOTE

Enrollees are generally issued plastic Medical Assistance identification cards for periods of either three or twelve months. During these periods, an enrollee may be found to be no longer eligible for Medical Assistance. In addition, some enrollees are found ineligible retroactively. This loss of eligibility may be due to a change in the individual's marital status, employment or financial situation. Upon receipt of information which indicates a change that requires cancellation of eligibility, the Department of Social Services informs the enrollee by letter that s/he is no longer eligible for Medical Assistance and must return the Medical Assistance card.

Historically, when an individual's Medical Assistance eligibility has been cancelled prior to the expiration date on her/his identification card, the individual has continued to be counted as an enrollee until the expiration date on the card. These "cancelled" enrollees have appeared in the Standard I enrollment category.

In addition, providers have had limited means for identifying enrollees whose eligibility had been cancelled prior to the expiration dates on their Medical Assistance cards. Therefore, the Program has paid the relatively small number of claims submitted for "cancelled" recipients with valid identification cards who have continued to use their cards. To address this situation an eligibility verification system has been implemented whereby providers are able to easily verify the eligibility status of any enrollee. This greatly reduces the potential for service utilization by a "cancelled" enrollee.

Since Program payments for these enrollees have always been relatively small, and since the eligibility verification system has eliminated most of the remaining payments, as of fiscal year 1982 enrollees with a "cancelled" status are no longer counted in Program enrollment figures.

In order to compare enrollment or enrollment-related statistics from this publication, which excludes "cancelled" enrollees, with those of publications prior to fiscal year 1982, which include "cancelled" enrollees, both figures for fiscal years 1971 through 1981 are listed on the following page.

Fiscal Year	Average Monthly Enrollment	
	Excluding Cancelled Enrollees	Including Cancelled Enrollees
1971	336,715	337,715
1972	375,981	385,981
1973	398,715	414,715
1974	382,306	402,806
1975	386,718	416,151
1976	395,034	424,606
1977	371,067	405,925
1978	346,544	380,098
1979	337,571	365,854
1980	347,820	376,276
1981	363,943	394,466

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies or procedures on the basis of religion, age, sex or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

*Applicable laws and policy are available on request.

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